WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

18699

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 729
Township — Primary Registration District No. 1001 — Registered No.
City St Joseph (No. State Hosp. #2 St. Ward)

2. FULL NAME Luther Lindsley
(a) Residence. No. State Hospital #2 St., Ward. Watson Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 4 yrs. mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown 1871
7. AGE: Years 59 — Months × — Days ✓ — If LESS than 1 day, ...hrs. or ....min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Dr J. A. Gray
(Address) Watson Mo.
15. FILED JUN 25 1930 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 23 1930
17. I HEREBY CERTIFY, That I attended deceased from May 4, 1926 to June 23, 1930 that I last saw him alive on June 23, 1930 and that death occurred, on the date stated above, at 7:10 P. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Epileptic
85 (duration) ....yrs. ....mos. ....ds.
CONTRIBUTORY (SECONDARY) 78 (duration) ....yrs. ....mos. ....ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH No
0 DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. R. Bunch, M. D.
6-23, 1930 (Address) State Hospital #2

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Asylum Cem — DATE OF BURIAL: 6/25/30
20. UNDERTAKER: J L Shingley — ADDRESS: 216 So 10th