

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.

NOV 28 1930

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

Do not use this space.

**1. PLACE OF DEATH**

County St. Clair  
Township Dallas  
City (No. ....) St. .... Ward)

Registration District No. 1168  
Primary Registration District No. 6010

File No. 33928  
Registered No. 2

**2. FULL NAME**

(a) Residence. No. .... St. .... Ward.  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Frank R. Lindsey

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 23 1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>72</u>	<u>10</u>	<u>29</u>	

**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) Benton Co Mo

**10. NAME OF FATHER**

A. B. Lindsey

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Ill

**12. MAIDEN NAME OF MOTHER**

Rachel Harris

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Mo

**14.**

INFORMANT Mrs. Lindsey  
(Address) J. Herster

**15.**

FILED Oct 25 1930 James T. Surrigal  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 22 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar 1 1930, to Oct 22 1930, that I last saw him alive on Oct 21 1930, and that death occurred, on the date stated above, at 6 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Mitral Regurgitation  
928  
117A  
(duration) 5 yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY)

Gastric Ulcer  
(duration) indefinite yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH at place of death  
DID AN OPERATION PRECEDE DEATH? no DATE OF     
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

clinical  
(Signed) C. L. Landaker, M. D.

, 19 (Address) Collins, Mo

\*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

Butcher DATE OF BURIAL 10 23 1930

20. UNDERTAKER

J. L. Huskey ADDRESS Wheatland Mo

