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.

36123

1. PLACE OF DEATH
County Jackson — Registration District No. — File No.
Township Kane — Primary Registration District No. — Registered No. 4528
City Kansas City (No. 3524 Flora St. Ward)

2. FULL NAME Louise Lindemann
(a) Residence. No. 3524 Flora St., 12 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: E. C. Lindemann

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr 10-1841

7. AGE: YEARS 89 — MONTHS 6 — DAYS 27 — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(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): Germany

PARENTS
10. NAME OF FATHER: Jack Stall
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: No Record
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): No Record

14. INFORMANT: R. Lindeman
(Address) 3524 Flora Ave. K.C. Mo

15. FILED 11/8 1930 M. M. Orand Coat REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 7 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1930, to Nov-7, 1930, that I last saw her alive on Nov 6, 1930, and that death occurred, on the date stated above, at 7:40 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
1 Acute - Dysentery
(duration) yrs. mos. 3 ds.
CONTRIBUTORY (SECONDARY): Anemia
(duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 16 C
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
11/8 (Signed) Fred St Evans M. D.
1930 (Address) 804 Argyle

*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: Mt. Moriah — DATE OF BURIAL: Nov. 10. 1930

20. UNDERTAKER: Mrs. C. L. Forster — ADDRESS: K.C. Mo.

— 3:30 pm.

120 S. Van Brunt
Be-1610

Waldheim Vi-6708
3621 Summit LO-0103