

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

Do not use this space.

17846 ✓

1. PLACE OF DEATH

County Jackson Registration District No. 398
Township Blaine Primary Registration District No. 3019
City Independence (No. 123 S. Fuller) St. _____ Ward _____

File No. _____
Registered No. 189
St. _____ Ward _____

2. FULL NAME

Susan Jane Lindsey
(a) Residence. No. 123 S. Fuller St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 12 yrs. mos. _____ ds. _____ How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nathan Lindsey
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-10-1898
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
92 | 7 | 4

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Mulenburg County
(STATE OR COUNTRY) Kentucky

PARENTS
10. NAME OF FATHER George Mefford
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Whitman
(STATE OR COUNTRY) Tenn
12. MAIDEN NAME OF MOTHER Elizabeth Hunt
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Virginia

14. INFORMANT Mrs. E. E. Stone
(Address) 123 S. Fuller

15. FILED May 16 1931 J. Cook
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-14-1931
17. HEREBY CERTIFY, That I attended deceased from May 6, 1931, to May 14, 1931
that I last saw her alive on May 14, 1931, and that death occurred, on the date stated above, at 2:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchopneumonia
(duration) _____ yrs. _____ mos. 8 ds.

CONTRIBUTORY (SECONDARY) 107W
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____ (1)

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS clinical
(Signed) Chas. F. Grasse, M. D.

5/15, 1931 (Address) Independence 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 Mound Grove DATE OF BURIAL 5/16 1931

20. UNDERTAKER H. W. Stahl ADDRESS Indep. Mo.

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.

JUN 26 1931

JUN 28 1948