

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

Do not use this space.

21863

**1. PLACE OF DEATH**

County Gasconade Registration District No. 411 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 2002 Registered No. \_\_\_\_\_  
 City Gasconade (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Shepard Lindall  
 (a) Residence, No. St Johns Hospital 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.

**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 (you - wife or) single Lindall  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) mar 6. 1888  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 43 3 12  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. His own  
 10. Date deceased last worked at this occupation (month and year) 1. 1931 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Galena Kansas  
 13. NAME Mrs Lindall  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Indiana  
 15. MAIDEN NAME Bell weekly  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown  
 17. INFORMANT (ADDRESS) Mrs Lindell Galena Kansas  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Public Cemetery Galena DATE June 21, 1931  
 19. UNDERTAKER (ADDRESS) P. M. Clark Galena Kansas  
 20. FILED 6/20 1931 Abraham Clark Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18, 1931  
 22. I HEREBY CERTIFY, That I attended deceased from June 14, 1931, to June 18, 1931  
 I last saw him alive on June 8, 1931 Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:  
Nephritis Date of onset Feb 1931  
 Other contributory causes of importance Cystitis Prostatitis  
 Name of operation Cystostomy Date of June 1931  
 What test confirmed diagnosis? Lab Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?  Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) H. Lewis, M. D.  
 (Address) Joseph 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.

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