

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

Do not use this space.

25980

1. PLACE OF DEATH
 39 County Greene Registration District No. 325 File No. _____
 Township Low Primary Registration District No. 5457 Registered No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME George Washington Lindsey
 (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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Mary Elizabeth Lindsey

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 10 - 1887

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
85 2 28

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) Sevier County, Tenn.
 (STATE OR COUNTRY)

10. NAME OF FATHER John Lindsey

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tenn.
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Abigail Atchley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Tenn.
 (STATE OR COUNTRY)

14. INFORMANT Mrs G W Lindsey
 (Address) Walumb Grove, R2

15. FILED 8/9, 1932 L. C. Wallace REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August - 8 1932

17. I HEREBY CERTIFY, That I attended deceased from _____, 1932, to _____, 1932, that I last saw him alive on Aug 7, 1932 and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
High Blood Pressure
Old Age - Senility
102 (duration) 3 mos. da.
162 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 162 (duration) yrs. mos. da.

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

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physician
 (Signed) J. T. Tinsley M.D.
9/8, 1932 (Address) Willard

*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 Rose Hill Cemetery DATE OF BURIAL 8/9 1932

20. UNDERTAKER Bim Funeral Home ADDRESS Walumb Grove

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.

SEP 2 1932

