

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

Do not use this space.

34882

1. PLACE OF DEATH

County Buchanan
Township St. Joseph
City St. Joseph (No. 2615 Ashland Avenue,

Registration District No. 85
Primary Registration District No. 1001

File No. _____
Registered No. 1147
St. _____ Ward)

2. FULL NAME Mary A. Lindley,

(a) Residence, No. 2615 Ashland Ave. St. _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 John P. Lindley,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17, 1853

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
79 0 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grove City, Pennsylvania, 2

13. NAME Andrew Miller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Scotland, 8

15. MAIDEN NAME Mary Jane Craig,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Pennsylvania, 2

17. INFORMANT (ADDRESS) Mrs. E. H. Stewart, 2615 Ashland Avenue,

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Jc. Mem. Park DATE Nov. 30th 1932

19. UNDERTAKER (ADDRESS) Heaton, Belsco & Brown, 319 S. 10th St. General Home

20. FILED 11-29 1932 John R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 28th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 26 1932, to Nov 28 1932

I last saw her alive on Nov 28 1932. Death is said to have occurred on the date stated above, at 2:10 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hem.
131
97A
97

Date of onset

2/25

Other contributory causes of importance:

arterio-scler. gen.
hypertens.
raph. chr.

Name of operation none Date of _____

What test confirmed diagnosis? Clw. Was there an autopsy? No

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? No

If so, specify _____

(Signed) Frank Hanley M. D.

(Address) St. Francis Hosp

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.

