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.

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

Do not use this space.

File No. 19877

Registered No. 2593

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City Kansas City (No. Trinity Luthern Hospital St. Ward)

2. FULL NAME William T. Lind
(a) Residence, No. 2110 Jefferson 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. 3 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): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emily A. Lind

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-10-1858

7. AGE: Years 74 | Months 8 | Days 9 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Realestate Retired
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) Iowa

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT James W. Hardacre
(ADDRESS) 3300 Charlotte

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE June 21, 1933

19. UNDERTAKER Mrs. C. L. Forster
(ADDRESS) 918 Brooklyn ave

20. FILED 6-21, 1933 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June-19-1933

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1931, to June 20, 1933
I last saw him alive on June 16, 1933. Death is said to have occurred on the date stated above, at 9:40 Pm
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	days
9373	
137	
1002	

Other contributory causes of importance:
Pulmonary Congestion
+ Prostatic disease

Name of operation? Date of
What test confirmed diagnosis? Was there an autopsy?

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) Ward H. Lemmon M. D.
(Address) 3232 Summit

3232. Summit

Log, 1523