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

Do not use this space.

File No. 22867

Registered No. 519

1. PLACE OF DEATH
County: Greene
Township: Springfield
City: Springfield Mo (No. Springfield Baptist Hosp. St. Ward)

Registration District No. 318
Primary Registration District No. 2001

2. FULL NAME: Chas L Lindley
(a) Residence: (Usual place of abode) Delaware St. Ward.
(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 (OR) WIFE OF: Jane Simmons

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown

7. AGE: Years 30 | Months | Days | If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

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: Lucian L Schneyer
(ADDRESS) Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Milwaukee Mo DATE: July 7, 1933

19. UNDERTAKER: Lucian L Schneyer
(ADDRESS) Springfield Mo

20. FILED: 7-7-1933 Ralph W Langley
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7-6, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dead, 19.., to —, 19..
I last saw him alive on 7-6, 1933. Death is said to have occurred on the date stated above, at 10 55 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Basal fracture of skull - fractured ribs, (left) which punctured lung - caused by falling 55 feet -	
Other contributory causes of importance:	

Name of operation: — Date of: —
What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7-5, 1933
Where did injury occur? Springfield - Greene - Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Building
Manner of injury Fell from top of 4 story building
Nature of injury Fractured skull - fracture of skull

24. Was disease or injury in any way related to occupation of deceased? yes
If so, specify W. Foreman on building

(Signed) Elias A Georg - Coroner, M.D.
(Address) Springfield Mo

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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