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

Do not use this space.

23000

1. PLACE OF DEATH

County Iron — Registration District No. 391 — File No.

Township Arcadia — Primary Registration District No. 5546a — Registered No. 37

City (No. , St. Ward)

2. FULL NAME Rev W.C. 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. 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: N. J. Manley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 4 1862

7. AGE: 71 YEARS: yrs MONTHS: 5 DAYS: 27 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Minister
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): Tennessee, Sinesville

FATHER

13. NAME: John Lindsey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

MOTHER

15. MAIDEN NAME: Abigail Atchley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

17. INFORMANT (ADDRESS): Laurence Walls, Baptist Home, Ironton, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Springfield DATE: Mo 8/2 1933

19. UNDERTAKER (ADDRESS): S. E. Bond, Ironton Mo

20. FILED July 31 1933 R. A. Rasche, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 31, 1933

22. I HEREBY CERTIFY That I attended deceased from May 1, 1933, to July 30, 1933. I last saw him alive on July 30, 1933. Death is said to have occurred on the date stated above, at 3 P.m.

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

Brights Disease — Date of onset

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — 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?
If so, specify
(Signed) E. L. Bamhouse, M. D.
(Address) Ironton Mo