30163

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

Do not use this space.

4691

1. PLACE OF DEATH
County Jackson — Registration District No. 389 — File No.
Township Kaw — Primary Registration District No. 5003 — Registered No.
City R.C. Mo. (No. General Hospital #2 St. 3rd Ward)

2. FULL NAME Benjamin Tindall
(a) Residence, No. 92/3 E. 18th St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Marie Tindall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-14-1874

7. AGE YEARS 59 MONTHS 9 DAYS 12 If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Mo.

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

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

17. INFORMANT (ADDRESS) Record Clerk

18. BURIAL, CREMATION, OR REMOVAL
PLACE Blue Ridge DATE 11-29 1933

19. UNDERTAKER (ADDRESS) Adkins Bros. 2000 E 12th

20. FILED Nov 29 1933 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-26-1933

22. I HEREBY CERTIFY, That I attended deceased from 11-21, 1933 to 11-26, 1933
I last saw him alive on 11-26, 1933 Death is said to have occurred on the date stated above, at 4:55 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis (Operated)	
Peritonitis	

Other contributory causes of importance:
Toxemia

Name of operation Appendectomy Date of 11/21/33
What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 1, 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) [signature], M. D.
(Address) General Hosp. #2

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.