

MAR 24 1934

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

Do not use this space.

7626

1. PLACE OF DEATH

County *North*Township *Allen*City *Springfield*Registration District No. *905*Primary Registration District No. *6216*

File No.

Registered No.

St. Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *60* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>m</i>	4. COLOR OR RACE <i>w</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Elizabeth Kindley*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 6, 1846*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or min.
<i>87</i>	<i>0</i>	<i>9</i>	<i>9</i>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *farmer*

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. *Life*12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Albany Mo.*13. NAME *John Kindley*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Albany Mo.*15. MAIDEN NAME *Sallie Magby*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Albany Mo.*17. INFORMANT *Elizabeth Kindley* (ADDRESS) *Springfield Mo.*18. BURIAL, CREMATION OR REMOVAL PLACE *Miller Cem* DATE *2/16* 193419. UNDERTAKER *Griffin C. Dwyer* (ADDRESS) *Springfield Mo.*20. FILED *Feb 20, 1934* *Byron Hill* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 14*, 193422. HEREBY CERTIFY, That I attended deceased from *Jan 14*, 1933, to *Feb 14*, 1934I last saw him alive on *Feb 14*, 1934. Death is saidto have occurred on the date stated above, at *10.30 P.M.*

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

*arterio sclerosis**chronic Bright's disease*

131 97 137 1930

Other contributory causes of importance

Name of operation

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? *no* Date of injury

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) *Lewis H. Long* 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.

