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.

AUG 21 1934

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

Do not use this space.

24828

1. PLACE OF DEATH

County JACKSON — Registration District No. 389 — File No. [illegible]

Township KAW — Primary Registration District No. [illegible] — Registered No. [illegible]

City KANSAS CITY (No. 4211- SOUTH BENTON St. ..... Ward)

2. FULL NAME MRS. LAURA C LINDSLEY

(a) Residence, No. 4211- SOUTH BENTON St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF JOHN D LINDSLEY

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB-7-1851

7. AGE: YEARS 83 — MONTHS 5 — DAYS 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. AT HOME
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) CARLTON (STATE OR COUNTRY) ILLINOIS

FATHER

13. NAME THOMAS MANN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OHIO

MOTHER

15. MAIDEN NAME MARY BALDWIN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OHIO

17. INFORMANT MRS. E. D. LIDDY (ADDRESS) 4211- SOUTH BENTON

18. BURIAL, CREMATION, OR REMOVAL PLACE FOREST HILL DATE JULY-26 1934

19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) 2111- EAST 9TH ST

20. FILED 7-25- 1934 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY-24, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1934, to July 24, 1934

I last saw her alive on 7-24, 1934. Death is said to have occurred on the date stated above, at 7:40 P.m.

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

Heat frustration — Date of onset 7-22-34

97

191

191

Other contributory causes of importance:

Arteriosclerosis over 10 yrs

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) E. W. Slusher, M. D.

(Address) 806 Rialto Bldg Kl Mo

806 Rialto Bldg.
12-3