

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

Do not use this space.

NOV 13 1934

36205

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Kau Primary Registration District No. _____
 City Kansas City, Mo. (No. 2214 E 16 St) St. _____ Ward _____

2. FULL NAME Herbert Lindsey Jr.

(a) Residence, No. 2214 E 16 St. 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 22, 1934
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
2 1 1
 8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. _____
 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) Missouri

13. NAME Herbert Lindsey, Sr.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tex.

15. MAIDEN NAME Algetha Hudson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Herbert Lindsey
 (ADDRESS) 2214 E 16 St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge Cem. DATE Oct 24 '34

19. UNDERTAKER (ADDRESS) Atlas Funeral Home
1409 E 11 St.

20. FILED 10/24 1934 M. M. Carover
dear Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-23 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____
Deputy Coroner
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 7:30 AM.
 The principal cause of death and related causes of importance were as follows:

Premature Birth
159
 Other contributory causes of importance:
109

Name of operation _____ Date of _____
 What test confirmed diagnosis? Insp. 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) Ernest T. Richardson, M. D.
 (Address) 1832 Vine

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.

LUCIAN P. RICHARDSON, M. D.

OFFICE, ROBERTS BLDG., 1830 Vine St.
Phone, Harrison 7751

DEPUTY CORONER
KANSAS CITY, MISSOURI

RESIDENCE, 2004 EAST 11th ST.
Phone, Grand 1029

OFFICE HOURS: 9 to 12 a.m., 2 to 4 and 6 to 9 p.m.

Date 1-18-35

Address _____

Herbert Lindsey - 2214 - E - 16
Diag. Premature Birth.
Cesarean was performed.
no other operation. Baby was
about 8 mos not full term
undveloped and not properly
cared for and they didn't have a Dr.

Op. No. _____

L. P. Richardson M. D.



STORE No. 89; 18th and Paseo; Phones: Harrison 3500, Grand 8572; Kansas City, Mo.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Jackson
Township Maneas
City Maneas (Not)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 4707
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE B 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) D

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 2 1

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

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) _____

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED 10/24, 1934 J. D. Crowe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____

I last saw Dr. J. P. Crowe, 19____ Death is said to have occurred on the date stated above, at _____ m.

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

Prenatal Death Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

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 _____, 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) W. S. Richardson, M. D.

(Address) 1832 Vine

SUPPLEMENTARY

PHYSICIANS should state CAUSE OF DEATH in plain language. REGISTRARS SHALL NOT REGISTER UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

N. B. --Every item of info. CAUSE OF DEATH in plain language.