

DEC 13 1934

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

Do not use this space.

1. PLACE OF DEATH

24 County Clay Registration District No. 198
2 Township Excelsior Springs Primary Registration District No. 30.11
4 City Excelsior Springs, Mo. (No. VA Facility) st. 3d Ward)

File No. 38845

Registered No. _____

2. FULL NAME Earl LINDSEY

(a) Residence, No. VAF, Excelsior Springs, Mo. Ward. Princeton, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Vera Lindsey</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 31, 1894</u>		
7. AGE <u>40</u>	YEARS <u>7</u>	MONTHS <u>7</u>
	DAYS <u>7</u>	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. <u>Welder</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>unknown</u>	
	10. Date deceased last worked at this occupation (month and year) <u>XXX</u>	

12. BIRTHPLACE (CITY OR TOWN) Princeton, Missouri
(STATE OR COUNTRY)13. NAME Don Lindsey14. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)15. MAIDEN NAME Nannie Dougher16. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)17. INFORMANT Records, V.A. Facility
(ADDRESS) Excelsior Springs, Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Princeton, Mo. DATE 11-7-34, 1919. UNDERTAKER Herbert Hope
(ADDRESS) Excelsior Springs, Mo.20. FILED 11-7-1934 Mr. Red McLanahan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 7, 193422. I HEREBY CERTIFY, That I attended deceased from October 23, 1934, to November 7, 1934I last saw him alive on November 7, 1934 Death is said to have occurred on the date stated above, at 7 a. m.

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

Pulmonary tuberculosis, far advancedwith cavitationTuberculosis of larynxOther contributory causes of importance: 23A 22Name of operation None Date of _____What test confirmed diagnosis? Exam & Obs. Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? XX Date of injury XX, 19Where did injury occur? XX
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place.
XXManner of injury XXNature of injury XX

24. Was disease or injury in any way related to occupation of deceased?

If so, specify McLanahan(Signed) H. C. HARDEGREE, M. D.(Address) VAF, Excelsior Springs, 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.

