

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.

MAY 13 1935

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

Do not use this space.

14532

1. PLACE OF DEATH

County..... Registration District No. **1003**  
Township..... Primary Registration District No.....  
City St. Louis (No. City South #1) St. .... Ward)

2. FULL NAME

Delphia Lindsey

(a) Residence, No. 2118 Alameda St. 24 Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred 6 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 29 1915

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>19</u>	<u>4</u>	<u>14</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>Wife</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>Home</u>	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carleton

13. NAME John Drew

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

15. MAIDEN NAME Effie Blairwood

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

17. INFORMANT Dr. J. H. Reed (ADDRESS) City South #1

18. BURIAL, CREMATION, OR REMOVAL PLACE Wmson DATE April 15 35

19. UNDERTAKER (ADDRESS) W. M. Laughlin 3301 Lafayette Ave.

20. FILED APR 13 1935 J. H. Reed Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/12 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/20 1935 to 4/12 1935

I last saw her alive on 4/12 1935. Death is said to have occurred on the date stated above, at 2:30 m.

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

Chr. Glomerular Nephritis  
Dr. Derrell stated when phoned 4-13-35 that this death was non-percipient non-renal cause (unborn)  
Other contributory causes of importance: Malernia, Pemiasidosis, Metabol. Respiration J.W.C.

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?.....

If so, specify.....  
(Signed) Robert G. Farrell M. D.  
(Address) City South #1

