

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

Do not use this space.

26629

SEP 25 1935

1. PLACE OF DEATH

County Jackson
Township Kan.
City Kan. City (No. 3706 East 6)

Registration District No. 399
Primary Registration District No. 1002

File No. 6040
Registered No. 6040
St. _____ Ward _____

2. FULL NAME

William Henderson the Marine Lindsey

(a) Residence, No. 2018 Indiana 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Unknown

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

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>about 40</u>				

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

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) Unknown

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Coroner of Kan. City

18. BURIAL, CREMATION, OR REMOVAL PLACE Gravelton DATE Aug 29 35

19. UNDERTAKER (ADDRESS) H. Bergman

20. FILED Aug 28 1935 M. M. Teran Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 23 1935

22. I HEREBY CERTIFY, That I attended deceased from _____ 19... to _____ 19... I last saw him on _____ 19... Death is said to have occurred on the date stated above, at 10 1/2 p.m. The principal cause of death and related causes of importance were as follows:

Gunshot wound Chest Hemorrhage Date of onset _____

Other contributory causes of importance: 1935

Name of operation _____ Date of _____
What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide homicide Date of injury 8/23/35
Where did injury occur? 3708 East 6th St. Kansas City
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury Gunshot
Nature of injury Gunshot Chest

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) Russell W. Gentry, M. D.
(Address) KCMO

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.

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