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.

MAR 21 1936

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

Do not use this space. 1667-A S

File No. 521

Registered No.

1. PLACE OF DEATH
County Jackson
Township Kent
City Kansas City (No. 3129, Forest ave St. Ward)
Registration District No.
Primary Registration District No.

2. FULL NAME Phillip G Lind
(a) Residence, No. 3129 Forest St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 33 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 white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Elizabeth Lind

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-1-1855

7. AGE YEARS 80 MONTHS 11 DAYS 30 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Traveling Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Leebstadter Millinery Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hamilton Co Ind

FATHER
13. NAME Solom B. Lind
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) penn.

MOTHER
15. MAIDEN NAME Margaret Miller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) penn.

17. INFORMANT (ADDRESS) Mrs Elizabeth Lind 3129 Forest ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE Feb-3 1936

19. UNDERTAKER (ADDRESS) Dwyer Newcomers Sons Kansas City - Mo

20. FILED 2-1 1936 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 31st 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 26th 1936, to Jan 31st, 1936
I last saw him alive on Jan 31st, 1936 Death is said to have occurred on the date stated above, at 3:10 P.M. (P.M.)
The principal cause of death and related causes of importance were as follows:
Old age, followed by
Date of onset

Other contributory causes of importance:
Encephalitis (traumatic) as the immediate cause

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? Accident Date of injury Jan 23, 1936
Where did injury occur? In home, KC, Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In home
Manner of injury Fell on the floor
Nature of injury trauma to brain

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. Darwin Magee Osteopath
(Address) 2112-A East 31st St.