

MAY 21 1936

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

Do not use this space.

15700

1. PLACE OF DEATH

County Jasper Registration District No. 417 File No. _____
Township Webb City Primary Registration District No. 3021 Registered No. 53
City (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 505 N. Walker 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 <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>Ernest Lyndall</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 2, 1891</u>		
7. AGE	YEARS <u>45</u>	MONTHS <u>0</u>
	DAYS <u>22</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>	
	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

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Amos, Missouri</u>
	13. NAME <u>John Lyndall</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	15. MAIDEN NAME <u>Cordy Mitchell</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	17. INFORMANT (ADDRESS) <u>Mrs. Ryan Lyndall, 1112 N. 1st St., Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Surrell Cem</u> DATE <u>4/26</u> , 19 <u>36</u>	
19. UNDERTAKER (ADDRESS) <u>Webb City Undertakers, Webb City, Mo.</u>	
20. FILED <u>4-25</u> , 19 <u>36</u> <u>J. L. Craig</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-16, 1936 to 4-24, 1936.
I last saw him alive on 4-24, 1936. Death is said

to have occurred on the date stated above, at 11 a. m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Other contributory causes of importance:

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) J. L. Craig, M. D.
(Address) Webb City, Mo.

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.

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