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.

OCT 21 1936

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

Do not use this space.

34819

1. PLACE OF DEATH

County Johnson — Registration District No. 431 — File No.

Township Hazel Hill — Primary Registration District No. 5591 — Registered No. 121

City ..... (No. ..... , ... St. ..... Ward)

2. FULL NAME Goldya May Lindsey

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 30 1904

7. AGE: YEARS 32 — MONTHS 3 — DAYS 22 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife
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): Gerster Mo.

FATHER
13. NAME: John Moore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

MOTHER
15. MAIDEN NAME: Susie Moore
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gerster Mo.

17. INFORMANT (ADDRESS): S. A. Lindsey, Fayetteville Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Liberty Cem. DATE: Sept. 24 1936

19. UNDERTAKER (ADDRESS): W. F. Wilcox Funeral Service, Warrensburg Mo.

20. FILED: Sept. 23, 1936 — Ena [illegible], Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from March, 1936, to 9-22, 1936

I last saw her alive on 9-22, 1936 Death is said to have occurred on the date stated above, at 10 P. m.

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

Uremia - from a Chronic Nephritis — Date of onset ?

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Other contributory causes of importance:
Pulmonary Edema -
Myocarditis -

Name of operation: None — Date of —

What test confirmed diagnosis? Clin — Was there an autopsy? No

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? No.
If so, specify —

(Signed) E. R. Cooper, M. D.
(Address) Warrensburg, Mo.