

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.

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

Do not use this space.

DEC 20 1936

38150

1. PLACE OF DEATH

County Knox  
Township Bee Ridge  
City Edina (No. ....)

Registration District No. 441  
Primary Registration District No. 5599

File No. ....  
Registered No. 27  
St. .... Ward

2. FULL NAME

Curtis H. Lindsey

(a) Residence, No. .... St. .... Ward. ....

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Jane Lambford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 29-1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
81 | 10 | 1

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

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) New Hope Ohio

13. NAME Curtis Lindsey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Hope Ohio

15. MAIDEN NAME Catherine McFadden

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Hope Ohio

17. INFORMANT J. H. Lindsey (ADDRESS) Knox City

18. BURIAL, CREMATION, OR REMOVAL PLACE Harmon Cemetery Oct-31-1936

19. UNDERTAKER Mrs. J. W. Hudson (ADDRESS) Edina Mo.

20. FILED Nov 10 1936 Mrs. C. M. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1936, to Oct 30, 1936. I last saw him alive on Oct 30, 1936. Death is said to have occurred on the date stated above, at 7:45 a.m.

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

Carcinoma of Stomach Date of onset

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 Urinal M. Urey M. D.  
(Signed) Urey (Address) Knox City Mo.

