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

JAN 28 1937

Do not use this space.

44003

1. PLACE OF DEATH

County Cape Girardeau — Registration District No. 125 — File No.

Township " — Primary Registration District No. 3009 — Registered No. 412

City Cape Girardeau, Mo. (No. , 624a Good Hope St. Ward)

2. FULL NAME Letha Valentine Lindsay Oglè

(a) Residence, No. 624a Good Hope 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: Female
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 George Oglè

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14, 1904

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
32	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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) Bryansburg, Ky.

FATHER

13. NAME Loyd L. Lindsay
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Daisy, Ky.

MOTHER

15. MAIDEN NAME Daisy D. Bourland
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT (ADDRESS) George Ogle Cape Girardeau, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fairmont Cemt. DATE Dec. 7th 1936

19. UNDERTAKER (ADDRESS) Haman's Funeral Home Cape Girardeau, Mo.

20. FILED 12-5 1936 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 5th 1936

22. I HEREBY CERTIFY, That I attended deceased from , 1932, to Dec 6, 1936

I last saw her alive on Dec 3, 1936. Death is said to have occurred on the date stated above, at 10:15AM.

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

	Date of onset
Pulmonary Tuberculosis	1931

Other contributory causes of importance:

Name of operation ✓ Date of

What test confirmed diagnosis? ✓ 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) Dr. C. W. Kinsey, M.D.

(Address) 313 Broadway Cape Girardeau Mo