

AUG 19 1937

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

Do not use this space.

26812

1. PLACE OF DEATH
County Callaway Registration District No. 104
Township Fulton Primary Registration District No. 3008
City Fulton (No. State Hosp #1) Registered No. 167 Ward

2. FULL NAME Fred Finley
(a) Residence, No. Greene County Farm St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. 9 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Unknown
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DK
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 61 DK DK

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) DK
13. NAME DK
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK
15. MAIDEN NAME DK
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK
17. INFORMANT (ADDRESS) Hospital records
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE State Hosp. Grounds July 4 1937
19. UNDERTAKER (ADDRESS) J. J. Gibbs
20. FILED July 4 1937 R. N. Crews Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3 1937
22. I HEREBY CERTIFY, that I attended deceased from May 15 1937 to July 3 1937
I last saw him alive on July 2 1937. Death is said to have occurred on the date stated above, at 5:34 m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Other contributory causes of importance:
Brain Tumor (R Frontal) DK
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury
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. E. Landis M. D. M. D.
(Address) Fulton Mo.

N. B.—Every item of information should be carefully supplied. A GE should be stated EXACTLY. If the OCCUPATION is very important, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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1. PLACE OF DEATH

County Callaway

Registration District No. 104

File No. 26812

Township Fulton

Primary Registration District No. 3008

Registered No. _____

City Fulton (No. _____) St. _____ Ward _____

2. FULL NAME

Fred 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Unknown (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. Please show he _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 61 UK UK

Date of onset _____

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

Other contributory causes of importance:
Brain Tumor
Benign Tumor

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

Name of operation _____ Date of _____

13. NAME _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) _____

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19____

Manner of injury _____

Nature of injury _____

19. UNDERTAKER (ADDRESS) _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) E. E. Landes, M. D.

20. FILED July 3, 1937 R. N. Crew Registrar.

(Address) Fulton mo

SUPPLEMENTAL

S-26812

RECEIVED
MAY 10 1964