

AUG 23 1937

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

Do not use this space.

27201

1. PLACE OF DEATH

County Wilson Registration District No. 317 File No. _____
Township Springfield Primary Registration District No. 1544 Registered No. _____
City Springfield (No. 1544) St. _____ Ward _____

2. FULL NAME

(a) Residence No. Springfield 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1937, to July 25, 1937.
I last saw him alive on July 25, 1937. Death is said to have occurred on the date stated above, at 7:12 P.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11, 1856

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

7. AGE YEARS 81 MONTHS 4 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.

Carcinoma of the prostate gland
51

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. On Farm

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation ✓

Other contributory causes of importance: Prostatitis

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

13. NAME John Lindsay

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

15. MAIDEN NAME Abbie Atkley

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

17. INFORMANT Orland Lindsay (ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill DATE July 27 1937

19. UNDERTAKE (ADDRESS) Springfield, Mo.

20. FILED July 27 1937 Mrs. Bertha France Registrar.

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) E. W. Jones W. C. _____
(Address) Springfield, Missouri

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.

