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.

SEP 15 1931

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan — Registration District No. 65 — File No. 30162

Township — Primary Registration District No. — Registered No. 389

City St. Joseph (No. Missouri Methodist Hospt. St. Ward)

2. FULL NAME John W. Lindsay

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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Harriet Lindsay

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 21, 1863

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
74	3	23	

OCCUPATION

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) Lasalle Co Illinois

FATHER

13. NAME John H. Lindsay
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bangor Maine

MOTHER

15. MAIDEN NAME Amelia De Wolfe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT (ADDRESS) J. H. Lindsay Faucett, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hopkins, Missouri DATE Aug. 15, 1937

19. UNDERTAKER (ADDRESS) Clark Mortuary 5025 King Hill Ave. St. Joseph, Mo.

20. FILED Aug 14 1937 H J Nestlebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 14, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug. 13, 1937, to Aug 14, 1937
I last saw him alive on August 13, 1937 Death is said to have occurred on the date stated above, at 5 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	8.12.37

95 B

Other contributory causes of importance:
Arteriosclerotic cardio-vascular disease
Cerebral hemorrhage (1st) 1931

Name of operation none Date of
What test confirmed diagnosis? Clinical 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) C S Grant MD, M. D.
(Address) 6207 King Hill Ave St. Joseph, Mo.