

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

Do not use this space.

DEC 23 1937

1. PLACE OF DEATH

County Oregon  
Township Thayer  
City (No. ....) (St. ....) (Ward ..)

Registration District No. 632  
Primary Registration District No. 5834

File No. 42048  
Registered No. 49

2. FULL NAME Cantrell C. Lindsay

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)  
Length of residence in city or town where death occurred 48 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 Maudie M. Cannon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1 - 1899

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
48 5 22

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) Oregon Co. Mo.

13. NAME James Lindsay

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

15. MAIDEN NAME Elizabeth Colman

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

17. INFORMANT Floyd Lindsay Thayer Mo.  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Mrs. Cannon Co. DATE 11/24 1937

19. UNDERTAKER Leo Carey  
(ADDRESS) Thayer, Mo.

20. FILED 11-24 1937 George Johnson  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-23-1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1937, to Nov 18, 1937

I last saw him alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

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

Pericious Anemia Uncertain

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? M

If so, specify.....

(Signed) E. J. Smith Oct 2

(Address) Thayer, Mo.

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.

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