

REC'D MAY 6 1938

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

15730
Do not use this space.

1. PLACE OF DEATH *St. Francis*
(a) County *St. Francis* Registration District No. *771*
(b) Township *St. Ann* Primary Registration District No. *7100* Registered No. _____
(c) City _____ (d) Street No. *6017*
(e) Length of residence in city or town where death occurred *70* yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
(If death occurred in Hospital or Institution, write its name instead of street and number)
2. PRINT FULL NAME *James P. Lindsey* *532*
(a) Residence, No. *1414 North Bismarck 7710* St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS
3. SEX *Male* 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 *Ada Lindsey*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec. 18 - 1865*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 4 6
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Farmer*
9. Industry or business in which work was done, as saw mill, bank, etc. *Farming*
10. Date deceased last worked at this occupation (month and year) *Apr. 1 - 1938* 11. Total time (years) spent in this occupation *30 yrs*
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ill*
13. NAME *James P. Lindsey*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ky.*
15. MAIDEN NAME *Melcena Mills*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*
17. INFORMANT (ADDRESS) *Mrs. J. R. Lindsey Bismarck 7710*
18. BURIAL, CREMATION, OR REMOVAL PLACE *Bismarck, Mo* DATE *Apr 20 - 38*
19. FUNERAL DIRECTOR (ADDRESS) *J. S. Boyer & Son Bismarck, Mo*
20. FILED *April 18, 1938* *H. H. Schmidt* Local Registrar.

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 17 - 1938*
22. I HEREBY CERTIFY, That I attended deceased from *Aug. 1935* to *Apr. 17, 1938*
I last saw him alive on *Apr. 15, 1938* Death is said to have occurred on the date stated above, at *6 A.* m.
The principal cause of death and related causes of importance were as follows:
Diagnosis of liver & stomach
Date of onset _____
Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? *Colonoscopy* 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? *No*
If so, specify _____
(Signed) *J. H. Gale* M. D.
(Address) *Bismarck, Mo*

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STATEMENT BY LICENSED EMBALMER

I, Bert L Boyer, Licensed Embalmer No. 3445
heréby certify that the body recorded on the reverse side of this certificate was embalmed by Bert L Boyer

..... L. E.
No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed Bert L Boyer
Licensed Embalmer No. 3445

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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15730
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1. PLACE OF DEATH

(a) County St. Francois Registration District No. 771
 (b) Township Iron Primary Registration District No. 6017 Registered No. _____
 (c) City _____ (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James R. Lindsey

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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 _____

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 4 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as 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) _____

FATHER 13. NAME _____

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

MOTHER 15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

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

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED _____ 19 _____ Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 17 1938

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____, 19____

I last saw h. _____ 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:

Cancer? liver
+ stomach
Other contributory causes of importance:
Primary seat
Malignancy in liver

Date of onset _____

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) F. W. Hale _____, M. D.
 (Address) Bismarck mo

SUPPLEMENTARY

RECORDS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-15730 1938