JUL 20 1938

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

21849
Do not use this space.

1. PLACE OF DEATH
(a) County: Greene — Registration District No.: 318
(b) Township: — Primary Registration District No.: ~~2001~~ — Registered No.: 469
(c) City: Springfield — (d) Street No.: 2027 N. Taylor 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: 40 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: Benjamin Harrison Tindell
(a) Residence, No.: 2027 N. Taylor St.
(Usual place of abode, if no street address, write county or city) (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~~: Effie May H. Tindell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 7, 1889

7. AGE: Years 49 — Months 2 — Days 2 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Carpenter
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): May 7, 1938
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ~~Mo~~ Bolivar, Mo

FATHER
13. NAME: John Tindell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known

MOTHER
15. MAIDEN NAME: Catherine Edwards
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known

17. INFORMANT (ADDRESS): Effie May Tindell, Springfield, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Lee — DATE: June 12, 1938

19. FUNERAL DIRECTOR (ADDRESS): Fred C. Thieme, Springfield, Mo

20. FILED: JUNE 10, 1938 — Chas. A. George, M.D. Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-16, 1938, to June 9, 1938
I last saw him alive on 6-9, 1938. Death is said to have occurred on the date stated above, at 3 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lung Abscess | |
| R. upper Lobe with | |
| Hemorrhage | 5-28-38 |
| | |
| | |
| Other contributory causes of importance: | |
| Lobar Pneumonia | 5-16-38 |
| upper Right | |

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) C. E. Fuller, M. D.
(Address) Springfield Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

## STATEMENT BY LICENSED EMBALMER

I, Ralph Thieme, Licensed Embalmer No. 3681

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Self

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Ralph Thieme

Licensed Embalmer No. 3681

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