

REC'D NOV 12 1938

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

35376
Do not use this space.

1. PLACE OF DEATH

(a) County Cedar Registration District No. 163
 (b) Township Box Primary Registration District No. 5228 Registered No. 54
 (c) City Eldorado Springs (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred 45 yrs. 4 mos. 10 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF S. James Lindsey
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 18, 1836
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
101 10 10
 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. _____
 10. Date deceased last worked at this occupation (month and year) 1918 11. Total time (years) spent in this occupation 60 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cass County Illinois

FATHER 13. NAME James A Lindsey

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

MOTHER 15. MAIDEN NAME Ruth Smith

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

17. INFORMANT (ADDRESS) Allen Lindsey Eldorado Springs Mo R2

18. BURIAL, CREMATION, OR REMOVAL PLACE Carleton, Kans DATE Oct-31 1938

19. FUNERAL DIRECTOR (ADDRESS) Swim-Siders Eldorado Springs Mo

20. FILED 10-29-1938 J. W. Dawson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 28 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 30 1938, to Oct 28 1938

I last saw him alive on Oct 26 1938. Death is said

to have occurred on the date stated above, at 10 a. m.

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

Heart Block Date of onset _____
181
15
 Other contributory causes of importance: Facial Burn

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1938

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. P. Roper M. D.

(Address) Eldorado Springs

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.

X12004

952

RECEIVED

District Health Officer No. 7,

District File Number 7-38-326

Date Filed 11-4-38

STATEMENT BY LICENSED EMBALMER

I, O. B. Siders, Licensed Embalmer No. 3250

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed O. B. Siders

Licensed Embalmer No. 3250

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

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

35-376
Do not use this space.

1. PLACE OF DEATH

(a) County Cedar Registration District No. 163
 (b) Township Box Primary Registration District No. 5228 Registered No. _____
 (c) City _____ (d) Street No. _____
 (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 Nathaniel 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED wid

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.
101 10 10

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) Oct 28 1938

22. I HEREBY CERTIFY, That I attended deceased from _____ 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:

Heart Blocc Date of onset _____

Other contributory causes of importance:

Racial Burns. He was lighting his pipe when celluloid cap visor caught fire from match flame.

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? Accident Date of injury Sept 19, 1938

Where did injury occur? At his residence, Eldorado, Sags, Mo. (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

in home

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. P. Royeton, M. D.

(Address) Eldorado Springs, Mo

SUPPLEMENTAL

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

