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.

REC'D MAR 23 1939

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

Do not use this space.

File No. 7705

Registered No. 9

Registration District No. 780

Primary Registration District No. 4466

1. PLACE OF DEATH
County: Ste. Gen.
Township: Ste. Gen.
City: Ste. Genevieve (No. 536, St., Ward)

2. FULL NAME: Justine Lindsey

(a) Residence: No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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: Female
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: Edward Lindsey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 3rd 1871

7. AGE: Years 67 Months 4 Days 6 If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ste Genevieve Missouri

FATHER
13. NAME: Valerian Gisi
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Sophie Bourgeot
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Henry Lindsey Ste Genevieve Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Ste Genevieve Mo DATE: Feb 11th 1939

19. UNDERTAKER (ADDRESS): Norman J. Stanton Ste Genevieve Mo

20. FILED: Feb 10, 1939 T. W. Douglas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1939, to Feb 9, 1939
I last saw h. ev. alive on Feb 9, 1939 Death is said to have occurred on the date stated above, at 11:30 p m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 12-31-38

Other contributory causes of importance:
Arterio Sclerosis — 1937

Name of operation ..... 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) Arthur E. Sykes, M. D.
(Address) Ste Genevieve Mo