

REC'D MAY 24 1939

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

16342
Do not use this space.

1. PLACE OF DEATH

(a) County Texas Registration District No. 862
(b) Township Bardonia Primary Registration District No. 6135 Registered No. 98
(c) City Cabool (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 Grant Tindal
(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 13 1939</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, _____ hrs. or _____ min.
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) <u>Cabool Missouri</u>		
FATHER	13. NAME <u>C. G. Tindal</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kochi, Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Catherine Johnson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cabool</u>	
17. INFORMANT (ADDRESS) <u>C. G. Tindal</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cabool Cemetery</u> DATE <u>April 13 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Stacy & Bell</u> <u>Cabool</u>		
20. FILED <u>May 10 1939</u> <u>Mrs. Clovis Cunningham</u> (Address) <u>Cabool Mo.</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13 193922. I HEREBY CERTIFY, That I attended deceased from Apr 13 1939 to Apr 13 1939I last saw him _____ alive on St. Paul, 19____. Death is saidto have occurred on the date stated above, at 7 a.m.
The principal cause of death and related causes of importance were as follows:Stool Borne

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no23. 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. M. Edwards M. D.
Cabool Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.