

JUL 11 1939

761

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

Do not use this space.

21613

1. PLACE OF DEATH

County Buchanan

Township

City St. Joseph

Registration District No. 3

Primary Registration District No. 1001

(No. 1) State Hospital #2.

85

File No.

Registered No. 550

St. Ward

2. FULL NAME

(a) Residence, No. 531 Lettice Linderson
(Usual place of abode) St. Joseph, Mo. (St. Paul)

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs. 8 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Myrtle (Miss) Seiler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 4, 1867

7. AGE YEARS 71 MONTHS 6 DAYS 22 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. com. laborer

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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

13. NAME Chas. Linderson

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

15. MAIDEN NAME Eliza E. Smith

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

17. INFORMANT (ADDRESS) Wm. M. A. Hampman, Bethany, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph, Mo. DATE June 27, 1939

19. UNDERTAKER (ADDRESS) H. O. Sidenfaden & Son, 1802 Union Stn. St. Joseph, Mo.

20. FILED June 27, 1939 H. J. Nestledal Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26, 1939

22. I HEREBY CERTIFY That I attended deceased from Dec. 29, 1938 to June 26, 1939

Last saw him alive on June 26, 1939 Death is said

to have occurred on the date stated above, at 4 P. m.

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

Arteriosclerosis Date of onset ?

Other contributory causes of importance: suppurative cellulitis of scrotum (infection from contact with urine) 2 with

Name of operation none Date of none
What test confirmed diagnosis? urinal 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) T. J. O'Dell M. D.

(Address) St. Joseph

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

FORM 1 X7284

Not Embalmed