FILED FEB 15 1940

3

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

Do not use this space.

File No. 2071

Registered No. 3

1. PLACE OF DEATH

County: Clay 6 Registration District No. 148

Township: Fishing River Primary Registration District No. 3011

City: Excelsior Springs, Mo. (No. Veterans Administration Facility St. Ward)

2. FULL NAME Roy Calvin Lightner

(a) Residence, No. 1217 Linwood Blvd. St. Kansas City Mo. Ward. Kansas City, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 24 ds. How long in U. S., if of foreign birth? — yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF (OR) WIFE OF~~ Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 25, 1889

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	50	4	10	

OCCUPATION

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

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) Unknown --

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedarvale, Kansas 1

FATHER

13. NAME Arthur Lightner 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 7

MOTHER

15. MAIDEN NAME Lillian Brewster

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

17. INFORMANT (ADDRESS) Hospital records

18. BURIAL, CREMATION, OR REMOVAL

PLACE Kansas City, Mo. DATE 1-4-40, 19

19. UNDERTAKER (ADDRESS) Claude Pritchard Excelsior Springs, Mo. 180

20. FILED Jan 5, 1940 Mrs Rie McCracken Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 4, 1940

22. I HEREBY CERTIFY, That I attended deceased from December 12, 1939 to January 4, 1940, 19....

I last saw him alive on January 4, 1940. Death is said to have occurred on the date stated above, at 4:25 AM

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

	Date of onset
Pyelonephritis	
Tabes Dorsalis	
80	

Other contributory causes of importance:

Secondary anemia

Name of operation None Date of —

What test confirmed diagnosis? Examination and observation 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?

If so, specify Unknown

(Signed) W. A. Eshlan, M. D.

(Address) Veterans Administration Facility Excelsior Springs, Mo.

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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2/14/40