

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

Do not use this space.

**18029**

**1. PLACE OF DEATH**

County Pettis  
Township Sedalia  
City Sedalia (No. ....)

Registration District No. 668  
Primary Registration District No. 3032

File No. ....  
Registered No. 155  
St. .... Ward)

**2. FULL NAME**

David Lindsay

(a) Residence. No. 318 East 14th St., 3 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Annulla Lindsay

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 17 - 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
78 6 24

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Retired Merchant  
(b) General nature of industry, business, or establishment in which employed (or employer) 1321  
(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Ireland

10. NAME OF FATHER William Lindsay

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Do not know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

**14.**

INFORMANT J. J. Lindsay  
(Address) Sedalia Mo

**15.**

FILED 5-18, 1928

J. J. Love  
REGISTRAR

**2. MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 14 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov, 1927, to May 14, 1928 that I last saw him alive on May 14, 1928, and that death occurred, on the date stated above, at 10:15 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Uremic Poisoning  
caused by carcinoma of prostate

**CONTRIBUTORY (SECONDARY)**

Carcinoma Prostate  
Nislov

**18. WHERE WAS DISEASE CONTRACTED**

NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical aspect

(Signed) Alfred E. Grouse, M.D.  
May 15, 1928 (Address) 111 W 4 Sedalia Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**DATE OF BURIAL**

Sedalia Mo

5/16 1928

**20. UNDERTAKER**

**ADDRESS**

Maughlin Bros

Sedalia

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.

