

APR 28 1930

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

Do not use this space.

12406

1. PLACE OF DEATH

County Henry Co.  
Township Brownington Mo.  
City Brownington Mo.

Registration District No. 348  
Primary Registration District No. 4206

File No. \_\_\_\_\_  
Registered No. 289  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Wesley Albert Lindley

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 43 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lusah Lindley</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb. 23 1887</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>73</u>	<u>1</u>	<u>15</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Lumberman

(b) General nature of industry, business, or establishment in which employed (or employer) Manager

(c) Name of employer Husley Lumber Co.

9. BIRTHPLACE (CITY OR TOWN) near Caledonia  
(STATE OR COUNTRY) Holderman Co. Ont. Can

10. NAME OF FATHER David B. Lindley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Holderman Co. Ont.

12. MAIDEN NAME OF MOTHER Ann J. Weston

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Holderman Co. Ont.

14. INFORMANT Lina A. Lindley  
(Address) Brownington, Mo.

15. April 12 1930 C. D. Taylor, M.D.  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 10 1930

17. I HEREBY CERTIFY That I attended deceased from April 2 1930, to April 10 1930, that I last saw him alive on April 10 1930, and that death occurred, on the date stated above, at 9:25 P. m.

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

106A  
CONTRIBUTORY (SECONDARY) MA

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

18. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) C. D. Taylor, M. D.  
4/12 1930 (Address) Brownington, 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 Maplewood Cemetery DATE OF BURIAL April 13 1930

20. UNDERTAKER B. A. Rickett ADDRESS Brownington, 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.

