

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.

AGE 84

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

22600
Do not use this space.

1. PLACE OF DEATH
 42 County Herry Registration District No. 347
 4 Township Clintonmo Primary Registration District No. 3018
 7 City Clintonmo (No. 3018 & nd) St. 71 Ward 71

2. FULL NAME Marrion Lindsey
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marshall Lindsey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 22 1847

7. AGE YEARS 84 MONTHS 11 DAYS 7 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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) Glencor, Ky (STATE OR COUNTRY)

MOTHER / FATHER

13. NAME Elvir Courtney
 14. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)
 15. MAIDEN NAME Lucy Carter Noel
 16. BIRTHPLACE (CITY OR TOWN) Carroll Co (STATE OR COUNTRY) Kentucky

17. INFORMANT A. J. Lindsey (ADDRESS) Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Clinton Mo DATE 7-31- 1932

19. UNDERTAKER Spore & Son (ADDRESS)

20. FILED 7/30 1932. Ed C. Peeler Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29 1932

22. I HEREBY CERTIFY, That I attended deceased from July 28 1932, to July 29 1932
 I last saw him alive on July 29 1932. Death is said to have occurred on the date stated above, at 3 P.M.
 The principal cause of death and related causes of importance were as follows:
apoplexy
820
 Other contributory causes of importance:
 (D)
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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? Y. L. O.
 If so, specify Red walks
 (Signed) Ed C. Peeler, M. D.
 (Address) Clinton Mo

