

JUL 25 1930

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

Do not use this space.

16450

1. PLACE OF DEATH

County Jasper
Township Carthage
City Carthage (No.)

Registration District No. 408
Primary Registration District No. 3020

File No.
Registered No.
St. Ward)

2. FULL NAME

Harriett L Lindeman

(a) Residence. No. 532 E Mason St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</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>Albert M Lindeman</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May-18-1880</u>		
7. AGE	YEARS	MONTHS
	<u>49</u>	<u>6</u>
		<u>1</u>
	If LESS than 1 day, hrs. or min.	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Urbana
(STATE OR COUNTRY) Kans

PARENTS	10. NAME OF FATHER <u>Chas. Loxeman</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Kans.</u> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>Ursula Perry</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Canada</u> (STATE OR COUNTRY)

14. INFORMANT A. M. Lindeman
(Address) Carthage Mo.

15. FILED 5/21, 1930 E. H. Ketchum
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May-19 1930
17. never saw her
I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at 3:00 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy (Cerebral)
82A
82D
102 (duration) few hours yrs. mos. ds.
CONTRIBUTORY Paraplegia; Hypertension
(SECONDARY) (duration) 31 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? No DATE OF.....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS History
(Signed) E. Hatcher M. D.
, 19 (Address) Carthage 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 <u>Forest Cemetery</u>	DATE OF BURIAL <u>5-22</u> 19 <u>30</u>
20. UNDERTAKER <u>Whney Brock</u>	ADDRESS <u>Carthage</u>

N. E.—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.

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

49
5
7

3
5
6

