

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

Do not use this space.

1011

1. PLACE OF DEATH

County Greene Registration District No. 318
Township Canaan Primary Registration District No. 2001
City Springfield (No. 2238 Blvd)

File No. _____
Registered No. 32 St. _____ Ward)

2. FULL NAME

Chas Lionel Tindall

(a) Residence, No. 223 So Boulevard St. _____ Ward.

(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 male 4. COLOR OR RACE Colord 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 28-1930

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>2</u>	<u>9</u>	<u>15</u>	

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) (STATE OR COUNTRY) Springfield mo.

MOTHER 13. NAME Lionel Tindall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Bessie Andrews

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield mo

17. INFORMANT Lionel Tindall (ADDRESS) 223 So Blvd

18. BURIAL, CREMATION, OR REMOVAL PLACE Wash Wood DATE Jan 15 1933

19. UNDERTAKER W. P. Campbell (ADDRESS) 869 Washington Ave

20. FILED 1-15-33 Ralph Washington Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-13-1933

22. I HEREBY CERTIFY, That I attended deceased from 1-6-33 to 1-13-33
I last saw him alive on 1-13-33 Death is said to have occurred on the date stated above, at 2 P.m.
The principal cause of death and related causes of importance were as follows:

Gangrenous tonsillitis
pharyngitis
(Streptococci) Date of onset 1-6-33
115A

Other contributory causes of importance:
10

Name of operation _____ Date of _____
What test confirmed diagnosis? Culture 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? no
If so, specify _____
(Signed) Walter Bessel, M. D.
(Address) Springfield Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

