

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.

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

Do not use this space.

APR 20 1937

1. PLACE OF DEATH

County Henry
Township Hwy
City Clinton

Registration District No. 347
Primary Registration District No. 3018

File No. 12038
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 909 N 2nd St., _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. (IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF)		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 25-1937</u>		
7. AGE YEARS	MONTHS	DAYS
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>
	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 <u>None</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Clinton Mo</u>
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FATHER	13. NAME <u>Leroy Lindsay</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clinton Mo</u>

MOTHER	15. MAIDEN NAME <u>Mary Mc Key</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clinton Mo</u>

17. INFORMANT (ADDRESS)	<u>Leroy Lindsay Clinton Mo</u>
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18. BURIAL, CREMATION, OR REMOVAL	<u>Clinton Col Cemetery</u>
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19. UNDERTAKER (ADDRESS)	<u>W. C. Wilkinson Clinton Mo</u>
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20. FILED	<u>3-29-37 J. R. Hampton</u>
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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 25-193722. I HEREBY CERTIFY That I attended deceased from _____, 19____, to Mar 25-1937

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 2:00 P.M.

The principal cause of death and related causes of importance were as follows:

Stillborn, death before onset labor, Cause unknown

Date of onset

Other contributory causes of importance:

Name of operation None Date of _____What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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) S. B. Hughes, M. D.(Address) Clinton, Mo.

1. The first part of the document is a list of names and addresses of the members of the committee. The names are listed in alphabetical order, and the addresses are given in full. The list is as follows:

Name	Address
Mr. A. B. C.	123 Main Street, New York, N. Y.
Mr. D. E. F.	456 Broadway, New York, N. Y.
Mr. G. H. I.	789 Fifth Avenue, New York, N. Y.
Mr. J. K. L.	1010 Third Avenue, New York, N. Y.
Mr. M. N. O.	1111 Second Avenue, New York, N. Y.
Mr. P. Q. R.	1212 First Avenue, New York, N. Y.
Mr. S. T. U.	1313 West 125th Street, New York, N. Y.
Mr. V. W. X.	1414 East 125th Street, New York, N. Y.
Mr. Y. Z. A.	1515 West 125th Street, New York, N. Y.
Mr. B. C. D.	1616 East 125th Street, New York, N. Y.
Mr. E. F. G.	1717 West 125th Street, New York, N. Y.
Mr. H. I. J.	1818 East 125th Street, New York, N. Y.
Mr. K. L. M.	1919 West 125th Street, New York, N. Y.
Mr. N. O. P.	2020 East 125th Street, New York, N. Y.
Mr. Q. R. S.	2121 West 125th Street, New York, N. Y.
Mr. T. U. V.	2222 East 125th Street, New York, N. Y.
Mr. W. X. Y.	2323 West 125th Street, New York, N. Y.
Mr. Z. A. B.	2424 East 125th Street, New York, N. Y.
Mr. C. D. E.	2525 West 125th Street, New York, N. Y.
Mr. F. G. H.	2626 East 125th Street, New York, N. Y.
Mr. I. J. K.	2727 West 125th Street, New York, N. Y.
Mr. L. M. N.	2828 East 125th Street, New York, N. Y.
Mr. O. P. Q.	2929 West 125th Street, New York, N. Y.
Mr. R. S. T.	3030 East 125th Street, New York, N. Y.
Mr. U. V. W.	3131 West 125th Street, New York, N. Y.
Mr. X. Y. Z.	3232 East 125th Street, New York, N. Y.
Mr. A. B. C.	3333 West 125th Street, New York, N. Y.
Mr. D. E. F.	3434 East 125th Street, New York, N. Y.
Mr. G. H. I.	3535 West 125th Street, New York, N. Y.
Mr. J. K. L.	3636 East 125th Street, New York, N. Y.
Mr. M. N. O.	3737 West 125th Street, New York, N. Y.
Mr. P. Q. R.	3838 East 125th Street, New York, N. Y.
Mr. S. T. U.	3939 West 125th Street, New York, N. Y.
Mr. V. W. X.	4040 East 125th Street, New York, N. Y.
Mr. Y. Z. A.	4141 West 125th Street, New York, N. Y.
Mr. B. C. D.	4242 East 125th Street, New York, N. Y.
Mr. E. F. G.	4343 West 125th Street, New York, N. Y.
Mr. H. I. J.	4444 East 125th Street, New York, N. Y.
Mr. K. L. M.	4545 West 125th Street, New York, N. Y.
Mr. N. O. P.	4646 East 125th Street, New York, N. Y.
Mr. Q. R. S.	4747 West 125th Street, New York, N. Y.
Mr. T. U. V.	4848 East 125th Street, New York, N. Y.
Mr. W. X. Y.	4949 West 125th Street, New York, N. Y.
Mr. Z. A. B.	5050 East 125th Street, New York, N. Y.