

Crawford

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

**1 PLACE OF DEATH**

County Pike  
Township Buffalo  
or  
Village  
or  
City

Registration District No. 689  
Primary Registration District No. 5917  
(NO. State St. Ward)

File No. 28868  
Registered No. 57

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

**2 FULL NAME** Robert Monroe Lynn

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED Married  
(If wife the word)

6 DATE OF BIRTH July 12 1843  
(Month) (Day) (Year)

7 AGE 73 yrs. 2 mos. 2 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Gardener  
(b) General nature of industry business, or establishment in which employed (or employer)

9 BIRTHPLACE (City or town, State of foreign country) Salem Ill

10 NAME OF FATHER Joseph Lynn

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Brown Co Ind

12 MAIDEN NAME OF MOTHER Elizabeth Grant

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Pa.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Chas Lynn  
(Address) Buffalo Jefferson Mo

15 Filed 8/14 1916 Ed. Stichter Registrar

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH July 14 1916  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from July 1 1916 to Aug 14 1916, that I last saw him alive on Aug 14 1916 and that death occurred, on the date stated above, at 3:20 p. m.

The CAUSE OF DEATH\* was as follows:  
Endocarditis

92 A  
1 30 (Duration) yrs. 6 mos. + ds.

CONTRIBUTOR Acute desquamating nephritis  
(Secondary) (Duration) yrs. 2 mos. x ds.

(Signed) W. M. M. D.  
Aug 14 1916 (Address) Jefferson Mo

\*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death 3 yrs. 0 mos. 0 ds. In the Mo State 0 yrs. 0 mos. 0 ds.

Where was disease contracted if not at place of death? at home

Former or usual residence Buffalo Jefferson Pike Co Mo

19 PLACE OF BURIAL OR REMOVAL Reveries Cemetery DATE OF BURIAL 8/14 1916

20 UNDERTAKER Ed. Stichter ADDRESS Jefferson Mo

CAUTION: This form is subject to the provisions of the Act of March 27, 1915, Chapter 100, Laws of Missouri, so that it may be properly classified. Exact statements are required.



MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW

1 PLACE OF DEATH

County

*Pike*  
*Buffalo*

Township

or

Village

or

City

Registration District No.

*689*

File No.

Primary Registration District No.

*5917*

Registered No.

*51*

(NO.

St.

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

*Robert Monroe Lynn*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

*Male*

4 COLOR OR RACE

*White*

5 SINGLE

*Married*

*Widowed*

*Orphan*

*Other*

6 DATE OF BIRTH

*Feb 1 1916*  
(Month) (Day) (Year)

7 AGE

*10 mos*  
yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8 OCCUPATION

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

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

9 BIRTHPLACE

(City or town, State or foreign country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER

(City or town, State or foreign country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

*10-44* 191*6*

*6 Eud Street*

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

*Aug 14 1916*  
(Month) (Day) (Year)

17

I HEREBY CERTIFY, that I attended deceased from

, 191, to , 191.

that I last saw h..... alive on , 191.

and that death occurred, on the date stated above, at..... m.

The CAUSE OF DEATH\* was as follows:

*Endocarditis*  
*Chronic*  
(Duration) yrs. mos. ds.

CONTRIBUTORY

*Acute degenerative Nephritis*  
(Duration) yrs. mos. ds.

(Signed)

*Woodson* M. D.  
*10-44*, 191*6* (Address) *Louisiana Mo*

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

, 191

20 UNDERTAKER

ADDRESS

Original file, date

AUG 19, 1916

All information called for must be written on this Supplementary Certificate.

SUPPLEMENTARY

All information called for must be written on this Supplementary Certificate.

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health  
Association]

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples; (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)* For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite);

*Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc. of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)