

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

Do not use this space.

21448

1. PLACE OF DEATH

County Jackson
Township Raw
City Kansas City (No. Roberson San)

Registration District No. 399
Primary Registration District No. 91002

File No. _____
Registered No. 3345
St. _____ Ward _____

2. FULL NAME

Robert W. Lynn

(a) Residence, No. Gardens City 7th St. Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 4 mos. _____ da. How long in U.S., if of foreign birth? yrs. _____ mos. _____ da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 26, 1877

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>50</u>	<u>3</u>	<u>27</u>	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Robert Lynn

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Elora Charlotte King

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Canada

14.

INFORMANT Miss Margaret Lynn
(Address) 107 W 12th Lawrence K

15.

July 14 1927 M. M. Criswe
REGISTRAR Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 13, 1927

17. I HEREBY CERTIFY, That I attended deceased from Mar. 13, 1927, to July 13, 1927 that I last saw him alive on July 13, 1927, and that death occurred, on the date stated above at 10:45 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

83
107A 76
Arterial Pneumonia
(duration) _____ yrs. _____ mos. 2 ds.
CONTRIBUTORY Paralytic Dementia
(SECONDARY) (duration) _____ yrs. 4 mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? _____

0 DID AN OPERATION PRECEDE DEATH? no. DATE OF _____

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms

(Signed) Swisse Robinson, M. D.

July 13, 1927 (Address) 814 Med Arts Bldg

*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 DATE OF BURIAL

Farbina Mo July 14 1927

20. UNDERTAKER ADDRESS J. H. Wagner City

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.

8130 N. 34th

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Benton 2045

409 W 34th

813 Med. Arts, Bldg Hy 0890
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