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.

OCT 24 1927

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

Do not use this space.

26497

85

1. PLACE OF DEATH
County Buchanan — Registration District No. 1001 — File No.
Township — Primary Registration District No. — Registered No. 896
City St. Joseph (No. St. Joseph, s Hospital St. Ward)

2. FULL NAME Linus John Lynch
(a) Residence. No. St., Ward. Conception, MO.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 24 Hrs How long in U.S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July. 3. 1918.

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 9 | 2 | 1 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work School Boy
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Conception, (STATE OR COUNTRY) Missouri.

PARENTS
10. NAME OF FATHER John M Lynch
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Joseph, (STATE OR COUNTRY) Missouri.
12. MAIDEN NAME OF MOTHER Julia O, Connor.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Conception Jct, (STATE OR COUNTRY) Missouri.

14. INFORMANT John M Lynch
(Address) Conception Jct, MO.

15. FILED 5 1927 John G. Wtz REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sep. 4 1927

17. I HEREBY CERTIFY, That I attended deceased from Sep. 3, 1927 to Sep. 4, 1927 that I last saw him alive on Sep. 4, 1927, and that death occurred, on the date stated above, at 8 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Appendicitis
121B
129
(duration) yrs. mos. 8 ds.

CONTRIBUTORY (SECONDARY) General Peritonitis
(duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED? Conception Mo
NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) John I. Byrne, M. D
Sep 4, 1927 (Address) St Joseph 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: Conception, Missouri.
DATE OF BURIAL: Sept. 6. 1927.

20. UNDERTAKER: H. O. Sidenfaden
ADDRESS: 1802 Union Str.