

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

Do not use this space.

32741

1928

**1. PLACE OF DEATH**

County Buchanan  
Township Joseph  
City Joseph (No. \_\_\_\_\_)

Registration District No. 85  
Primary Registration District No. 1001

File No. \_\_\_\_\_  
Registered No. 128  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

James A. Lynch  
(a) Residence No. 710 Single St., \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da. How long in U.S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Widower  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** Agnes Lynch  
**6. DATE OF BIRTH** (MONTH, DAY AND YEAR) Sept 7 1855  
**7. AGE** YEARS MONTHS DAYS 72 2 0 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

**9. BIRTHPLACE** (CITY OR TOWN) Brauer (STATE OR COUNTRY) Mo.

**10. NAME OF FATHER** J. M. Lynch

**11. BIRTHPLACE OF FATHER** (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) \_\_\_\_\_

**12. MAIDEN NAME OF MOTHER** Unknown

**13. BIRTHPLACE OF MOTHER** (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) \_\_\_\_\_

**14. INFORMANT** R. E. Lynch  
710 Single  
Nov 8

**15. FILED** Nov 8 1927  
John W. [Signature]  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH** (MONTH, DAY AND YEAR) Nov. 7 1927

**17. I HEREBY CERTIFY**, That I attended deceased from 9-1 P.M., 1927, to 11-3 P.M., 1927, that I last saw him alive on 11-3 P.M., 1927, and that death occurred, on the date stated above, at 6:15 P.M.

**18. THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chronic Myocarditis  
100A (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

**CONTRIBUTORY (SECONDARY)** acute Bronchitis  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 5 da.

**18. WHERE WAS DISEASE CONTRACTED** 100B  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

**19. DID AN OPERATION PRECEDE DEATH?** no DATE OF \_\_\_\_\_

**20. WAS THERE AN AUTOPSY?** no

**WHAT TEST CONFIRMED DIAGNOSIS?** Clinical  
(Signed) Chas. G. [Signature], M. D.  
11/8 27 (Address) 10 1 1/2 W Moore

\*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** King Hill Cem **DATE OF BURIAL** Nov. 9 1927

**20. UNDERTAKER** Fred A. Clark ADDRESS 5025 N. A.

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.

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