

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

Do not use this space.

8118

1. PLACE OF DEATH

County Cape
Township Cape
City Cape

Registration District No. 125
Primary Registration District No. 3009
(No. 16 No. Hospital)

File No. 1072
Registered No. _____
St. _____ Ward)

2. FULL NAME

(a) Residence No. St. Louis, Missouri Ward. _____
(Usual place of abode)

(If nonresident give city or town and State)

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.

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 Martha V. Lynch

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 25-1881

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>46</u>	<u>11</u>	<u>11</u>	<u>3</u>	

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

9. BIRTHPLACE (CITY OR TOWN) Grand Tower
(STATE OR COUNTRY) Illinois

10. NAME OF FATHER Edward Lynch

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

12. MAIDEN NAME OF MOTHER Lara Baur

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

14. INFORMANT Martha V. Lynch
(Address) St. Louis, Mo.

15. FILED 3/30/28 W. C. Kaeuffer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-29 1928

17. I HEREBY CERTIFY That I attended deceased from 3-29, 1928, to 3-29, 1928, that I last saw live on 3-29, 1928, and that death occurred, on the date stated above, at 9:20 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Fracture of skull (compound) caused in R.R. wreck on Fisco
207M (duration) about 2 hours

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED On Fisco R.R.
IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

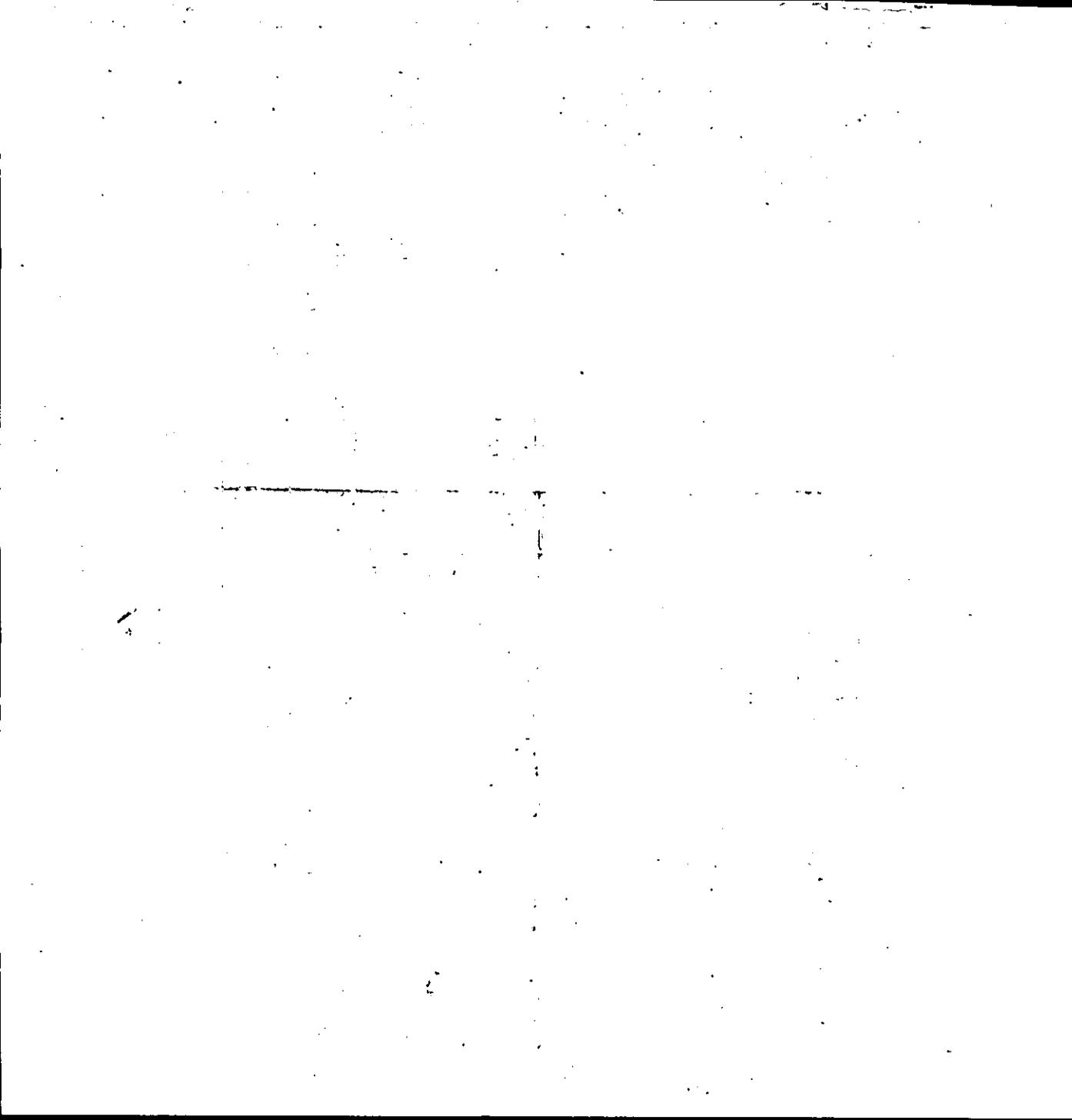
WHAT TEST CONFIRMED DIAGNOSIS Physical

(Signed) P. J. Stapleton, M.D.
3-29-28 (Address) Cape Girardeau, 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 St. Louis, Missouri DATE OF BURIAL 3-31 1928

20. UNDERTAKER W. Dunlop ADDRESS 536 Broadway



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ALL INFORMATION CONTAINED
HEREIN MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Cape Girardeau - Registration District No. 125-
Township Primary Registration District No. 3009
City (No.) St. Ward

File No. 1077
Registered No.
St. Ward

2. FULL NAME

Edward Lynch

(a) Residence. No. St. Ward.
(Usual place of abode) (If nonresident give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

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

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT
(Address)

15. FILED 3/30 1928 W. K. Schuppert REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-29 1928

17. I HEREBY CERTIFY, That I attended deceased from
19.., to, 19..,
that I last saw h..... else on, 19.., and that
death occurred, on the date stated above, at

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Fracture of skull (Compound)
Caused in R.P. wreck on
of

CONTRIBUTORY (SECONDARY) No automobile involved
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 188th St
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed), M. D.
, 19 (Address)

*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

20. UNDERTAKER ADDRESS

SUPPLEMENTARY

8-8-83