

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

Do not use this space.

9207

**1. PLACE OF DEATH**

County Jackson  
Township Harrison  
City Harrison City

Registration District No. 399  
Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. 257  
St. 11 Ward

**2. FULL NAME**

Mainie L Lynch  
(a) Residence. No. 1007 1/2 Van Trump Court St. 6 Ward.

(If nonresident give city or town and State)

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 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 William J Lynch

6. DATE OF BIRTH (MONTH, DAY AND YEAR) December 21-1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.  
26 | 3 | 6

**8. OCCUPATION OF DECEASED**

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

10. NAME OF FATHER Andrew Jackson

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

12. MAIDEN NAME OF MOTHER Elizabeth Schultzy

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

14. INFORMANT William J. Lynch  
(Address) 1007 1/2 Van Trump Court Kite Mo

15. FILED 3/27, 1928 M. M. Comroe REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 27 1928

17. I HEREBY CERTIFY, That I attended deceased from March 18, 1928, to March 27, 1928, that I last saw h. or alive on March 27, 1928, and that death occurred, on the date stated above, at 8:35 a.m.

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

100  
99 B (duration) yrs. mos. da. 1/2 hour  
CONTRIBUTORY Lobar Pneumonia (SECONDARY)  
(duration) yrs. mos. da. 9 da.

18. WHERE WAS DISEASE CONTRACTED 1007 1/2 Van Trump  
IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) C. Blue Cornish, M. D.  
3/27, 1928 (Address) 2602 East 15<sup>th</sup> Harrison City

\*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 Paul Minn DATE OF BURIAL 3-29 1928

20. UNDERTAKER John J. Sheehan ADDRESS Kite Mo

K. 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.

WRITE CAREFULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Mr. C. V. Mc ...

1222 Olive

SEP 24 1956