

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

Do not use this space.

18827

**1. PLACE OF DEATH**

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City Morris (No. 5943 Maple av)

File No. ....

Registered No. 5221

St. .... Ward)

**2. FULL NAME** Kate Whiston Lynch

(a) Residence. No. 5943 Maple St. 5 Ward. ....

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U.S., if of foreign birth? 60 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 Cornelius Lynch

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 22 - 1837

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 91 2 19

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work at home (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) Ireland

10. NAME OF FATHER Richard Whiston

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

12. MAIDEN NAME OF MOTHER Mary Ann McCall

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

14. INFORMANT Catherine Bussle (Address) 1710 2 Grand St

15. FILED MAY 12 1928 New C. Starkey REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 11 1928

17. I HEREBY CERTIFY That I attended deceased from May 1 1928, to May 10 1928 that I last saw him alive on May 10 1928, and that death occurred, on the date stated above, at 6 a m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebral Apoplexy  
82 yr  
15 yr (duration) yrs. - mos. 10 da.

CONTRIBUTORY (SECONDARY) Quality (duration) yrs. - mos. da.

18. WHERE WAS DISEASE CONTRACTED at home

IF NOT AT PLACE OF DEATH? DID AN OPERATION PRECEDE DEATH? DATE OF WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Thos J. Langan, M. D. 5-11-1928 (Address) 2806 1/2 Grand av

\*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 Calvary Cemetery DATE OF BURIAL May 14 1928

20. UNDERTAKER Cullinan Bros ADDRESS 1104 Grand St

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

W. J. Morgan