4 1928

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

1. PLACE OF DEATH

County Linn — Registration District No. 503 — File No. 24369

Township Parson Creek — Primary Registration District No. 4306 — Registered No. 54

City Meadville (No. ..... St. ..... Ward)

2. FULL NAME Delila Lynd

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

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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Wife Jacob Lynd

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 28 / 1835

7. AGE: Years 93 — Months 5 — Days 5 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Keeping
(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) New York

PARENTS
10. NAME OF FATHER: Giles Cropsey
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) New York
12. MAIDEN NAME OF MOTHER: Maria Pockwood
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) New York

14. INFORMANT: Mrs. Billington
(Address) Meadville

15. FILED 7-3, 1928. E. A. Weir, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 3 / 1928

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1928, to July 30, 1928, that I last saw her alive on July 1, 1928 and that death occurred, on the date stated above, at 6 o'clock a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
82 B
47
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Arterio sclerosis
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? 743
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? no — DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) E. A. Weir, M. D.
7-3, 1928 (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: Meadville — DATE OF BURIAL: July 4 1928

20. UNDERTAKER: Smiley Brothers — ADDRESS: Meadville