EP 27 1928

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

Do not use this space.

28394

1. PLACE OF DEATH
County: St Louis — Registration District No.: 1789 — File No.:
Township: Central — Primary Registration District No.: 6038 — Registered No.: 250
City: ..... (No. 6170 Clemmonds St. ..... Ward)

2. FULL NAME: James H. Linden
(a) Residence. No. 6170 Clemmonds 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: Male
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 1st 1861

7. AGE: Years 67 — Months 5 — Days 19 — If less than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

PARENTS
10. NAME OF FATHER: Patrick Lynch
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland
12. MAIDEN NAME OF MOTHER: Mary K
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland

14. INFORMANT: Mary A. Lynch
(Address): 6170 Clemmonds

15. FILED: 8/26, 1928. Joel Bracy, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 19 1928

17. I HEREBY CERTIFY, That I attended deceased from July 10 1928, to Aug. 16 1928, 1928, that I last saw him alive on July 16 1928, 1928, and that death occurred, on the date stated above, at 8:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Insufficiency
7 days
(duration) one yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY): None
(duration) — yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? No
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) N. H. Lynch, M.D.
8/26, 1928 (Address) 5800 Highland

*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 — DATE OF BURIAL: July 21 1928

20. UNDERTAKER: Geo. F. Shaw — ADDRESS: 3525 Easton Ave

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