AN 21 1929

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

Do not use this space.
39498

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 1414
City St. Joseph, (No. St. Joseph, s Hospital St. Ward)

2. FULL NAME Rose Shelton Lynch
(a) Residence. No. St., Ward. Saxton, MO.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 66 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: John A Lynch

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct. 3. 1846.

7. AGE: Years 82 — Months 2 — Days 1I — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(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): Tatoragus County, New York

PARENTS
10. NAME OF FATHER: Laurence Connell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): County Longford, Ireland
12. MAIDEN NAME OF MOTHER: Mary Brady
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Co Longford, Ireland

14. INFORMANT: Mrs. J. C. Whitson
(Address) Saxton, MO.

15. FILED DEC 16 1928, 19 — John G. Fitz, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): December. 14 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1928 to Dec 14, 1928 that I last saw her alive on Dec 14, 1928, and that death occurred, on the date stated above, at 8/50. p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidental poisoning by Sodium Flouride
179F
(duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Chemical
(Signed) John F. Lynch, M. D
Dec. 15, 1928 (Address) St. Joseph 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: Ebenezer Cemetery — DATE OF BURIAL: Dec 17 1928

20. UNDERTAKER: H. O. Siebenfacher — ADDRESS: 1802 Union Str

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.