SEP 24 1929

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

Do not use this space.

27277

1. PLACE OF DEATH
County Clay
Township
City Liberty (No. ..... St. ..... Ward)
Registration District No. 201
Primary Registration District No. 3012
File No.
Registered No. 74

2. FULL NAME Alice E. Lynn.
(a) Residence. No. ..... 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: Female
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND~~ OF (OR) WIFE OF: Andrew Lynn

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar. 6-1854

7. AGE: YEARS 75 MONTHS 5 DAYS 20 If LESS than 1 day, ... hrs. or ..... min.

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): Shawnee Mission Kan.

PARENTS
10. NAME OF FATHER: Daniel Dofflemyer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unkn
12. MAIDEN NAME OF MOTHER: — Ellington
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): unkn

14. INFORMANT: Andrew Lynn.
(Address) Liberty. Mo

15. FILED 9/10/29 Wm H Goodson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug. 26 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1929, to Aug 26, 1929 that I last saw her alive on Aug 26, 1929, and that death occurred, on the date stated above, at 12:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
59
82 A (duration) 20 min. yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Diabetes Mellitus
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Burton Maltby, M. D.
Aug 26, 1929 (Address) Liberty 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: Mt. Memorial Liberty Mo
DATE OF BURIAL: 8/27/1929

20. UNDERTAKER: Church-Archer Co
ADDRESS: Liberty Mo

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.