DEC 23 1929

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

Do not use this space.

39525

1. PLACE OF DEATH
County North
Township Pleasant
City Allendale (No. ..... St. ..... Ward)
Registration District No. 905
Primary Registration District No. 6216
File No. .....
Registered No. .....

2. FULL NAME Oscar Wayne Lynch

(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 Life yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
M	W	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Kathryn Alice Lynch

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 8, 1901.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ..... min.
	28	3	15	

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

9. BIRTHPLACE (CITY OR TOWN) Grant City
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Wm Lynch
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Iowa
12. MAIDEN NAME OF MOTHER Jennie Emma Schroyer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Unknown

14. INFORMANT Kathryn Lynch
(Address) Allendale Mo.

15. FILED Dec. 9, 1929 Maye Long REGISTRAR

V MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1929, to Nov. 27, 1929, that I last saw h... alive on Nov. 27, 1929, and that death occurred, on the date stated above, at 8.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
37A
IIA
(duration) yrs. 6 mos. ds.
CONTRIBUTORY (SECONDARY) Pellagra
(duration) yrs. 9 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? V
DID AN OPERATION PRECEDE DEATH? No DATE OF V
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? X Ray, Physical findings

(Signed) E. T. Hurst, M. D.
19 (Address) Grant City 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	DATE OF BURIAL
Fletchall Cemetery	11-24 1929
20. UNDERTAKER Arch C. Dunfee	ADDRESS Grant City Mo.

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.