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

Do not use this space.

1470

File No. 468

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kan — Primary Registration District No. 1 [illegible]

City Kansas City (No. St. Marys' Hospital St. Ward)

2. FULL NAME John J Lynch

(a) Residence. No. 1216 East 40th St., 13 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Miss Helen Lynch

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 19 1886

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	43	4	11	

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

165

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Missouri

1

PARENTS

10. NAME OF FATHER Mathew Lynch

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ireland

15

12. MAIDEN NAME OF MOTHER Mary Rucker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Kentucky

2

14. INFORMANT Joseph V Lynch
(Address) 3929 Paseo

15. FILED Jan 31, 19 30 M. M. Crane
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jun 30 1930 19

17. I HEREBY CERTIFY, That I attended deceased from January 25, 1930 to January 30, 1930 that I last saw h. alive on January 29, 1930, and that death occurred, on the date stated above, at 1 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Thrombosis, left.
4 days
10 yrs (duration) yrs. mos. 11 ds.

CONTRIBUTORY (SECONDARY) Arterial Hypertension ?
Moderate (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? Clinical findings & history
(Signed) Frank R Leachman M. D.
7-30, 1930 (Address) 100 Argyle Bldg

*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
Calvary Cemetery	2/1/30 19
20. UNDERTAKER	**ADDRESS**
Quirk & Toohin Co--20[illegible] Linwood	

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.