

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

Kobrett
Do not use this space.

17108

1. PLACE OF DEATH

County Boone
Township _____
City Columbia (No. _____)

Registration District No. 73
Primary Registration District No. 3006

File No. _____
Registered No. 102
St. _____ Ward _____

2. FULL NAME

Laura Mitchell Lynes
(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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mord Lynes

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 5, 1869

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>62</u>	<u>2</u>	<u>2</u>	

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

9. BIRTHPLACE (CITY OR TOWN) Richmond Ky
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>J. B. Mitchell</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Richmond Ky</u> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>Minnie Clark</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Richmond Ky</u> (STATE OR COUNTRY)

14. INFORMANT J. P. Lynes
(Address) 14341 Shaw St Linn Mo

15. FILED 5/9/31 19 31 F. C. Suggett REGISTRAR
by Selby

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-7-1931

17. I HEREBY CERTIFY, That I attended deceased from 1-26-1931 to 5-7-1931, and that I last saw her alive on 5-7-1931, and that death occurred, on the date stated above, at 4-45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage
hypertension (duration) 10 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 no

WHAT TEST CONFIRMED DIAGNOSIS Chung's
(Signed) Dwight Kobrett, M. D.
5/31 (Address) Columbia 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 Oliver Cemetery DATE OF BURIAL 5-8-1931

20. UNDERTAKER Tom McHardy ADDRESS Columbia

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.

JUN 24 1931

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

