

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

Do not use this space.

40001

1. PLACE OF DEATH

County *North*
Township *Middle*
City *unnamed* (No. *unnamed*)

Registration District No. *1117*
Primary Registration District No. *6213*

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

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *F* 4. COLOR OR RACE *N* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *T*

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov 28 1931*

AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min. *X X X 6*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *T*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *T*

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *North, Mo.*

13. NAME *Ed Lynch*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *North Co*

15. MAIDEN NAME *Milla Hull*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Iowa*

17. INFORMANT (ADDRESS) *Eddie Lynch North*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Redding, Ia. Nov 30 1931*

19. UNDERTAKER (ADDRESS) *H. Andrews North*

20. FILED *12/7* 19 *H. Andrews* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov - 29 1931*

22. I HEREBY CERTIFY, That I attended deceased from *Nov 28 1931* to *Nov 29 1931*

I last saw him alive on *Nov 28 1931* Death is said to have occurred on the date stated above, at *3 1/2* m.

The principal cause of death and related causes of importance were as follows:

Premature Birth 7m. Date of onset _____

Other contributory causes of importance: *15 1/2*

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *X*

If so, specify _____

(Signed) *H. Andrews*, M. D.

(Address) *North, Mo.*

