

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County North
 Township Middlefork
 City North (No. 1112)

Registration District No. 1112
 Primary Registration District No. 6213

File No. 40002
 Registered No. 43756 St. 1 Ward 1

2. FULL NAME

(a) Residence, No. Unmarried St. 1 Ward 1
 (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

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>X</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>X</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 28 - 1931</u>		
7. AGE	YEARS <u>X</u>	MONTHS <u>1</u>
	DAYS <u>5</u>	If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>+</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>+</u>
	10. Date deceased last worked at this occupation (month and year) <u>+</u>
	11. Total time (years) spent in this occupation <u>+</u>

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

13. NAME Ed Lynch

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

15. MAIDEN NAME Milla Hull

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

17. INFORMANT Ed Lynch
 (ADDRESS) North, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Reading, Ia DATE 12/2 1931

19. UNDERTAKER H. Andrews
 (ADDRESS) North, Mo.

20. FILED 12/4 1931 H. Andrews
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 28, 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 8 P. m.

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

Premature Birth Date of onset

159 (7 Mo)

Other contributory causes of importance:

Name of operation X Date of X

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

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? X Date of injury X, 1931

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

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

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify A. Andrews

(Signed) A. Andrews, M. D.

(Address) North, 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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County WorthRegistration District No. 1117Township MiddleforkPrimary Registration District No. 6213City (No.)St. Ward 2. FULL NAME Unmarried 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

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 74. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word) 25A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 28, 1931

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, 15 hrs.
or 15 min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. 9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. 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)

MOTHER FATHER

13. NAME 14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) 15. MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) 17. INFORMANT
(ADDRESS) 18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

17-2

1931

19. UNDERTAKER
(ADDRESS) 20. FILED 12/15

1931

3St. AndrewsX

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 2, 193122. I HEREBY CERTIFY, That I attended deceased from
to , 19 I last saw him alive on , 19 . Death is saidto have occurred on the date stated above, at m.

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

Date of onset Other contributory causes of importance: 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? If so, specify (Signed) , M. D.(Address)

Registrar