

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

Do not use this space.

2171

1. PLACE OF DEATH  
 94 County St. Francois Registration District No. 771  
 Township Bismarck Primary Registration District No. 4462  
 3 City Bismarck (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Geo Lynch  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Potosi, Mo  
 (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 M 4. COLOR OF RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 23, 1877

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>54</u>	<u>3</u>	<u>13</u>	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 117

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) Victoria, Mo.

FATHER

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) John Abby, Bismarck, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Potosi, Mo. DATE Jan. 9 - 1932

19. UNDERTAKER (ADDRESS) J. B. Boger & Son, Potosi, Mo.

20. FILED 1-23-1932 Dr. R. C. Kitchell Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 6<sup>th</sup>, 1932

22. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:  
Gunshot wounds at hand of of parties unknown to the jury. (Coroner's Verdict)  
 Date of onset \_\_\_\_\_

Other contributory causes of importance: (5)

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? homicide Date of injury 1-6 - 1932  
 Where did injury occur? Bismarck, Mo. (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. on main street

Manner of injury firearm  
 Nature of injury Shot in head, chest & foot.

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) R. B. Rester Coroner, M. D.  
 (Address) DeLoys, 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.

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