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 21 1932

80

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

Do not use this space.

15215

1. PLACE OF DEATH
4 County Andrain — Registration District No. 912 — File No.
Township Cuivre — Primary Registration District No. 6232A — Registered No. 12
City, (No. , St. Ward)

2. FULL NAME Carrie Lynch
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. — 4. COLOR OR RACE W. — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25 1851

7. AGE ✓ YEARS 81 — MONTHS 4 — DAYS 21 — If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

FATHER
13. NAME ERNST AHLFELDT. 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BALDENITS. GERMANY

MOTHER
15. MAIDEN NAME ANNIE FECTER
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT (ADDRESS) W. H. Davidson Vandalia Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Laddonia Mo DATE May 17 1932

19. UNDERTAKER (ADDRESS) W. S. Waters Vandalia

20. FILED 5/16 1932 Carrie F. Utterbock Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16, 10 A.M. 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1931 to May, 16 1932
I last saw her alive on April, 14 1932 Death is said to have occurred on the date stated above, at 10 A.M.
The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus — Date of onset 1927
59
59
Other contributory causes of importance:
Senility
1

Name of operation None Date of
What test confirmed diagnosis? Urinalysis Was there an autopsy? No.

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? No
If so, specify
(Signed) W. K. McCall, M. D.
(Address) Laddonia 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.

SUPPLEMENTARY

1. PLACE OF DEATH

County Audrain — Registration District No. 912 — File No.

Township Cuivre — Primary Registration District No. 6232a — Registered No. 12

City (No. , St. Ward)

2. FULL NAME Carrie 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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Wid.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: James Lynch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 25, 1857

7. AGE: YEARS 80 — MONTHS 4 — DAYS 21 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own home
10. Date deceased last worked at this occupation (month and year): Don't Know
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

FATHER

13. NAME: Ernst Ahlfeldt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Baldewitz Germany

MOTHER

15. MAIDEN NAME: Annie Fischer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): W. H. Davidson, Vandalia Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Laddonia DATE: May 17, 1932

19. UNDERTAKER (ADDRESS): W. S. Waters, Vandalia Mo

20. FILED: 5/16, 1932 Carrie F. Utterback, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 31, to May 16, 1932
I last saw her alive on April 14, 1932. Death is said to have occurred on the date stated above, at 10 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1927

Other contributory causes of importance: Senility

Name of operation: None — Date of
What test confirmed diagnosis? Urinalysis — Was there an autopsy? No

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? No
If so, specify
(Signed) W. K. McCall, M. D.
(Address) Laddonia Mo

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