WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

39785

1. PLACE OF DEATH VETERANS' ADMINISTRATION HOSPITAL

County JACKSON — Registration District No. 399 — File No.

Township KAW — Primary Registration District No. 1002 — Registered No. 4792

City Kansas City (No. U. S. Veterans Hospital St. Ward)

2. FULL NAME LYNCH, Joseph John — C-1,439,752 — 202-10

(a) Residence, No. 321 South Liberty, St., Ward. Wag.Hdqrs. 17th F.A.
(Usual place of abode) Independence, Missouri. (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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January 23, 1893

7. AGE: YEARS 39 — MONTHS 10 — 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.: Paper Cleaning
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: and Assistant Hanging
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): Independence, Missouri.

FATHER
13. NAME: John P. Lynch,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland.

MOTHER
15. MAIDEN NAME: Mary E. Lynch,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Independence, Missouri.

17. INFORMANT (ADDRESS): Mrs. Mary E. Lynch, Mother, 321 South Liberty, Independence, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Mary's, Indep., Missouri. DATE Dec. 17, 1932

19. UNDERTAKER (ADDRESS): Ott and Mitchell, Independence, Missouri.

20. FILED 12-16, 1932 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): December 14, 1932.

22. I HEREBY CERTIFY, That I attended deceased from August 20, 1932, to December 14, 1932

I last saw him alive on December 14, 1932. Death is said to have occurred on the date stated above, at 11:30 P.M.

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

	Date of onset
Cirrhosis of Liver, Atrophic with Abdominal Ascites	Unknown.
124 B	
124 B	
124 B	

Other contributory causes of importance:

Horse Shoe Kidney with Right Nephrolithiasis	Unknown.

Name of operation — Date of —

What test confirmed diagnosis? Phy. Exam., Lab. and Autopsy Was there an autopsy? Yes.

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) W. E. Chambers, M. D.

(Address) W. E. CHAMBERS, Medical Officer in Charge, VETERANS' ADMINISTRATION HOSP., K.C., Mo.