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.

SEP 26 1933

31 2 17

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

Do not use this space.

25666

1. PLACE OF DEATH

County Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001

City St Joseph (No. St Joseph's Hospital St. Ward)

File No.

Registered No. 789

2. FULL NAME Orville Lynch

(a) Residence, No. R R 2 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: Male

4. COLOR OR RACE: White

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): Aug. 26 1911

7. AGE: YEARS 21 — MONTHS 11 — DAYS 13 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

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): Taney County Mo.

FATHER

13. NAME: Daniel Lynch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Illinois

MOTHER

15. MAIDEN NAME: Minnie Kretzer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown unknown

17. INFORMANT (ADDRESS): Mrs Grace Payne

18. BURIAL, CREMATION, OR REMOVAL

PLACE Ashland DATE August 9, 1933

19. UNDERTAKER (ADDRESS): Fleeman Mortuary Inc 1946 Colhoun

20. FILED 8-9-33 19 John R. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 7, 1933

22. I HEREBY CERTIFY, That I ~~attended~~ recurd deceased ~~from~~ on Aug. 7, 1933, to ....., 19....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12:10 P.m.

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

Broken neck (Accidental)
Dived in Mo River about
2 ft of water → Missouri
186 A
1946

Date of onset

Other contributory causes of importance:

306

Name of operation none Date of

What test confirmed diagnosis? rau Was there an autopsy? no

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

Accident, suicide, or homicide? accident Date of injury 8/6, 1933

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

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

Manner of injury Dived in Mo. River

Nature of injury Broken neck

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

If so, specify

(Signed) Forrest Thomas Coroner, M.D.

(Address) 801½ Felix

St. Joseph

St. Joseph's Hospital

Orville Lynch

Male White Single

Aug 22 1911

Quarry worker

Daniel Lynch

Illinois

Ida Kreitzer

Illinois