

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

Do not use this space.

3655

1. PLACE OF DEATH

County Stoddard Registration District No. 840
 Township Asherville Primary Registration District No. 6102
 City Asherville, Mo. (No. St. Ward)

2. FULL NAME

Robert Lynch

(a) Residence, No. Route No. 2 Puxico 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write the word*) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17, 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 10 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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) Puxico (STATE OR COUNTRY) Missouri

MOTHER | FATHER | 13. NAME Ben Lynch
 14. BIRTHPLACE (CITY OR TOWN) Illinois (STATE OR COUNTRY)

MOTHER | 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

17. INFORMANT Josia Lynch, Route 2, Puxico (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL. PLACE Pleasant Row, near Asherville DATE Jan. 20, 1934

19. UNDERTAKER Greer Undertaking Company (ADDRESS) Poplar Bluff, Mo.

20. FILED 1-22-34 1934 E. J. H. H. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from 10/25 1883 to 1-12-34
 I last saw h. alive on 19..... Death is said to have occurred on the date stated above, at 2:19PM
 The principal cause of death and related causes of importance were as follows:

T. B. Lynch
23A
 Other contributory causes of importance:
 Date of onset

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 1934
 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. J. H. H. H., M. D.
 (Address) 1204 1/2 Poplar Bluff, 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.

FEB 27 1934

