FEB 27 1934

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

Do not use this space.

1. PLACE OF DEATH
County: Washington — Registration District No. 887 — File No. 3735
Township: Boston — Primary Registration District No. 6179 — Registered No.
City: Potosi Mo. (No. ..... St. ..... Ward)

2. FULL NAME: Floyd Rolla 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: 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~~ Mamie Nicholson Lynch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 3 1890

7. AGE: Years 43 — Months 10 — Days 22 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cole stop of Rumo
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) (STATE OR COUNTRY): Washington Co.

FATHER
13. NAME: John Lynch
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Washington Co

MOTHER
15. MAIDEN NAME: Francis Parmley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Washington Co

17. INFORMANT (ADDRESS): Mr. Mamie Lynch Potosi Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Potosi Missouri DATE: Feb. 2 1934

19. UNDERTAKER (ADDRESS): Sparks & Sparks Potosi Mo.

20. FILED: Feb 9 1934 C.F. Ressweller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 31 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 1932, to Jan 31 1934
I last saw him alive on Jan 31 1934. Death is said to have occurred on the date stated above, at 11 30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Spine	

Other contributory causes of importance:

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 ....., 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) C.F. Ressweller, M. D.
(Address) Potosi 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.

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