

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.

MAY 25 1934

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

85

1. PLACE OF DEATH 405
 County Richmond Registration District No. 1001
 Township Northampton Primary Registration District No. 1001
 City St. Joseph Mo (No. State Hospital # 2) St. _____ Ward _____

2. FULL NAME John Lynch
 (a) Residence, No. 2021 Ward. Faucett mo
 (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.

Do not use this space.

File No. 11981
 Registered No. 250

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 7 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
76 8 8

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

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) Missouri City

FATHER 13. NAME William David Lynch
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) William

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

17. INFORMANT (ADDRESS) State Hosp No 2
St. Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Burner Cemetery April 17 1934

19. UNDERTAKER (ADDRESS) E. H. Sidenladen
622 S. 4th St. St. Joseph

20. FILED 4-16, 1934 John K. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 7, 1934 to Apr 15, 1934
 I last saw him alive on Apr 15, 1934 Death is said to have occurred on the date stated above, at 11:27 AM
 The principal cause of death and related causes of importance were as follows:
Cerebro Atherosclerosis Date of onset July 1931

Other contributory causes of importance: 97

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

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No 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 None
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) W. Miles, M. D.
 (Address) State Hosp No 2

