

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

Do not use this space.

45577

1. PLACE OF DEATH

County Texas
Township Orark
City Yorkton

Registration District No. 1043
Primary Registration District No. 0141

File No. _____
Registered No. 7
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Chas Temple</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 19-1859</u>		
7. AGE	YEARS <u>75</u>	MONTHS <u>1</u>
	DAYS <u>28</u>	IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>House wife</u>
	10. Date deceased last worked at this occupation (month and year) <u>Dec 1-1934</u>	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howell-co-VMo

13. NAME Edizah Lynch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

15. MAIDEN NAME Isabel Winnahan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

17. INFORMANT J S Lynch
(ADDRESS) Houston-Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Orark Co. DATE Dec 18 1934

19. UNDERTAKER S V Elliott
(ADDRESS) Orark Mo

20. FILED Dec 18 1934 Mr G M Willhite
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 17-1934

22. I HEREBY CERTIFY, That I attended deceased from 12/14, 1934, to 12/16, 1934. I last saw h.l.l. alive on 12/16, 1934. Death is said to have occurred on the date stated above, at 8-45 m.

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

Cancer of Stomach Date of onset _____

Metastatic

Other contributory causes of importance:

Heart weakness of stomach

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) J D McDaniels, M. D.

(Address) Summersville 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.

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