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.

AUG 20

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

Do not use this space.

23018

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township ~~Kaw~~ — Primary Registration District No. 1002 — Registered No. [illegible]

City Kansas City (No. 7611 Main St. St. Ward)

2. FULL NAME John Matthew Lynch

(a) Residence, No. 7611 Main St. 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 8 1931

7. AGE: YEARS 3 — MONTHS 10 — DAYS 29 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
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) K. C. Missouri

FATHER

13. NAME Leo F Lynch
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Dakota

MOTHER

15. MAIDEN NAME Marguerite Durkin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Omaha, Neb.

17. INFORMANT (ADDRESS) Leo F Lynch 7611 Main

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem DATE 7/9/35 19

19. UNDERTAKER (ADDRESS) Quirk & Tobin Co. 20 West Linwood

20. FILED July 8, 1935 M. M. Crowe Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7 1935 19

22. I HEREBY CERTIFY, That I attended deceased from 7/6, 1935 to 7/7, 1935

I last saw h. alive on 7/7, 1935 Death is said to have occurred on the date stated above, at 4:10 A M

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

| | Date of onset |
|---|---|
| Acute pulmonary oedema | 1 |
| Hypostatic pneumonia | 24 hrs |

Other contributory causes of importance:

| | |
|---|---|
| Cerebral oedema (Fell down stairs 2 days before | 10 hrs |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

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

Accident, suicide, or homicide? Acc Date of injury 7/6 1935

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

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

Manner of injury Fell down stairs

Nature of injury

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

If so, specify

(Signed) [illegible] M. D.

(Address) 1818 [illegible]