

JAN 15 1936

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

Do not use this space.

38618

1. PLACE OF DEATH

County Buchanan Registration District No. 85  
Township \_\_\_\_\_ Primary Registration District No. 1001  
City St Joseph (No. 502 Kansas)

File No. \_\_\_\_\_  
Registered No. 1285  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Ermina Cecil Lynch

(a) Residence, No. 502 Kansas St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 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 Mrs. B. Lynch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18 - 1860

7. AGE YEARS 75 MONTHS 4 DAYS 21 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Wichita Kansas

13. NAME Jos. Raquelid

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wichita Kansas

15. MAIDEN NAME U K I K N O Y K I

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wichita Kansas

17. INFORMANT Alice Gsall  
(ADDRESS) 502 Kansas

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Grace Chrch DATE 12-11 1935

19. UNDERTAKER JL Sturtevant  
(ADDRESS) St Joseph Mo

20. FILED 12-9 1935 John R. Borden  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 9 1935

22. I HEREBY CERTIFY That I attended deceased from Nov 16 1935 to Dec 9 - 1935 1935

I last saw her alive on Dec 9 1935 Death is said

to have occurred on the date stated above, at 5:30 p.m.

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

Broncho pneumonia Date of onset Dec 2

Arthritis

myocardial inf.

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? clin Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1935

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? no

If so, specify \_\_\_\_\_

(Signed) Frank J. Dardagan, M. D.  
(Address) Emporium Bldg.

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.

