

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.

15 1936

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

Do not use this space.

15305

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township ~~Jackson~~ Primary Registration District No. 1002
 City Jackson City No. 3034 Waldron St. _____ Ward)

2. FULL NAME Lenny J. Cynatten
 (a) Residence, No. 3034 Waldron Ward. _____
 (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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</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>Elma Cynatten</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 31 1886</u>		
7. AGE	YEARS <u>49</u>	MONTHS <u>10</u>
	DAYS <u>15</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Salesman</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>International Harvester</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation <u>9 yrs</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Peoria, Ill</u>		
FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>France</u>	
17. INFORMANT <u>Mrs Elma Cynatten</u> (ADDRESS) <u>3034 Waldron</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>St. Marys</u> DATE <u>April 17 1936</u>		
19. UNDERTAKER <u>Zwick & Hobin Co</u> (ADDRESS) <u>Linnwood & Main</u>		
20. FILED <u>Apr 16 1936</u> <u>M. M. Brown</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15 1936
 22. I HEREBY CERTIFY, that I attended deceased from 11-3-1935, 1935, to April 15, 1936.
 I last saw him alive on April 14th 1936. Death is said to have occurred on the date stated above, at 4/5 a.m.
 The principal cause of death and related causes of importance were as follows:
Hypertrophoma Left Kidney
General Carcinoma Stomach
 Date of onset _____
 Other contributory causes of importance:
General Carcinoma Stomach
 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? _____ 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? No
 If so, specify _____
 (Signed) B. W. Sharp M.D., M. D.
 (Address) 1712 E. 55th-

