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

Do not use this space.

36477

1. PLACE OF DEATH OCT 21 1936

County Vernon — Registration District No. 875 — File No.

Township Washington — Primary Registration District No. 6162 — Registered No. 262

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Walter Noble Lyngar

(a) Residence, No. State Hospital #3 St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. 3 mos. 26 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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Bertha Lyngar

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 15 1881

7. AGE: YEARS 54 — MONTHS 10 — DAYS 26 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. police officer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. chronic illness
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): Kan.

FATHER

13. NAME Andrew Lyngar
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

MOTHER

15. MAIDEN NAME Addie Spery
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N.C.

17. INFORMANT (ADDRESS): Mrs. Bertha Lyngar Mt. Vernon, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Vernon Mo. DATE Sept 10th 1936

19. UNDERTAKER (ADDRESS): Phillips E. Forsett Mt. Vernon Mo

20. FILED Sept 10, 1936 M. Eichinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1933, to Sept 10, 1936

I last saw him alive on ....., 1936 Death is said to have occurred on the date stated above, at 3:25 P.m.

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

	Date of onset
Gen. paralysis of the insane (C.N.L.)	1933
Other contributory causes of importance: Heat prostration	2 wks

Name of operation none Date of —

What test confirmed diagnosis? Clinical 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 ....., 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) T. J. O'Dell, M. D.

(Address) Nevada, Mo.

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.

MARGIN RESERVED FOR BINDING

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