

DEC 30 1936

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

Do not use this space.

43120

1. PLACE OF DEATH

County Saline Registration District No. 796 File No. _____
Township Marshall Primary Registration District No. 3038 Registered No. 223
City Marshall, Mo (No. _____) St. _____ Ward _____

2. FULL NAME Beverly Anne Lynch

(a) Residence, No. 1250 Sharp 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 5, 1931</u>		
7. AGE	YEARS	MONTHS
		DAYS
	<u>4</u>	<u>1</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>		
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) <u>Marshall, Mo.</u>		
13. NAME <u>Arthur Lynch</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cooper, Mo.</u>		
15. MAIDEN NAME <u>Daisy Brown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Saline Co. Mo.</u>		
17. INFORMANT <u>Arthur Lynch</u> (ADDRESS) <u>1250 Sharp St. Marshall, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ridge Cemetery</u> DATE <u>Nov. 27, 1936</u>		
19. UNDERTAKER (ADDRESS) <u>J. L. Sweeney</u> <u>Marshall, Mo.</u>		
20. FILED <u>Nov. 27, 1936</u> <u>Helena Weston</u> <u>Deputy Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from
11-26, 1936, to 11-26, 1936.

I last saw h. as alive on 11-26, 1936. Death is said to have occurred on the date stated above, at _____ m.

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

Date of onset

Gastro Enteritis
Rickets

Other contributory causes of importance:

Name of operation None 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 _____, 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) Robert L. Sweeney M. D.(Address) Marshall, 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.

