MAR 20 1937

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

Do not use this space.

1. PLACE OF DEATH
County Jackson Registration District No. 404
Township Washington Primary Registration District No. 5558
City ~~Kansas City~~ (No. 9618 Grandview Road St. Ward)

File No. 6728
Registered No. 15

2. FULL NAME Oliver S. Lynds
(a) Residence, No. 9618 Grandview Road St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 3 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Charlotte Lynds

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 5, 1875

7. AGE: Years 61 Months 3 Days 1 If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Real Estate
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): Kansas

FATHER
13. NAME: John H. Lynds
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illnois

MOTHER
15. MAIDEN NAME: Emily Newell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Mrs. Charlotte Lynds, Kansas City, Missouri

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: White Cloud, Ks. DATE: 2-8-37, 19

19. UNDERTAKER (ADDRESS): Freeman Mortuary, Kansas City, Mo.

20. FILED: Feb 7, 1937 Fred R. Lindsey Registrar. Sup.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-6-37, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1937, to Feb. 6, 1937
I last saw him alive on Feb. 6, 1937 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:
Cancer of oesophagus — Date of onset
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Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? — 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?
If so, specify
(Signed) J. M. Frankenburger M. D.
(Address) 824 Rialto 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.

Dr. [illegible]

5546 [illegible]

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