

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

Do not use this space.

**APR 22 1937**

**1. PLACE OF DEATH**

County Mississippi Registration District No. 566 File No. 12653  
 Township Lynchburg Primary Registration District No. 3130 Registered No. 37  
 City Charleston, Mo. (No. Red Cross Emergency Hospital for flood sufferers Ward)

**2. FULL NAME**

George Lynn  
 (a) Residence, No. Berda Point, Mo. St. Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 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 negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Flow Lynn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 10, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
69 3 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer  
 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) Birmingham Alabama

13. NAME Geo Lynn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Henry Lynn of No. 7 No. Charleston

18. BURIAL, CREMATION OR REMOVAL PLACE Oak Grove Cemetery DATE March 9 1937

19. UNDERTAKER (ADDRESS) Frank Taylor Funeral Service Charleston, Mo.

20. FILED 3-9-1937 F. D. Benson Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8 1937

22. I HEREBY CERTIFY, That I attended deceased from March 7 1937 to March 8 1937

I last saw him alive on March 8 1937 Death is said to have occurred on the date stated above, at 10:30 P.M.

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

Bronchopneumonia Date of onset \_\_\_\_\_

Other contributory causes of importance: Senility

Name of operation none 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? no

If so, specify \_\_\_\_\_ (Signed) L. Clark Mc Jay, M. D. (Address) Red Cross Emergency Hosp. Charleston, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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