

APR 26 1937

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

Do not use this space.

1. PLACE OF DEATH

County PolkRegistration District No. 701File No. 13055Township BolivarPrimary Registration District No. 41022Registered No. 28City Bolivar (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ 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. 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)

child

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

V

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

Jan. 4 - 1937

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

227

OCCUPATION

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

child

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)

Bolivar, Mo

FATHER

13. NAME

Sherman Lynch

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

Mackelrub, Mo.

MOTHER

15. MAIDEN NAME

Marie Lee

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

Mo.

17. INFORMANT (ADDRESS)

Sherman Lynch

18. BURIAL, CREMATION, OR REMOVAL

PLACE City Cemetery DATE March 31, 1937

19. UNDERTAKER (ADDRESS)

Hutchinson - BlueBolivar, Mo.

20. FILED

4. 1. 1937 J. P. Roberts

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from

March 15, 1937, to March 31, 1937I last saw him alive on March 31, 1937. Death is said to have occurred on the date stated above, at 1:40⁰⁰ p.m.

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

Enteritis preceded by Pneumonia (lobular)

Date of onset

Other contributory causes of importance

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical 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?

If so, specify _____

(Signed) _____

(Address) Bolivar, 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.

