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

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

JUN 12 1937

Do not use this space.

19111

1. PLACE OF DEATH

County Jackson — Registration District No. — File No.

Township Kaw — Primary Registration District No. 399 — Registered No. 2205

City Kansas City (No. St. Joseph Hospital 1002 St. Ward)

2. FULL NAME Richard J. LYNCH

(a) Residence, No. 2614 Lockridge St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 33 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. Hope Lynch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 6th, 1903.

7. AGE: 33 YEARS, 6 MONTHS, 14 DAYS. If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Transfer Co.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Official.
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 14

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, MISSOURI

FATHER

13. NAME: John T. Lynch
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): K. C. MISSOURI

MOTHER

15. MAIDEN NAME: Teresa Marie Bayles
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MISSOURI

17. INFORMANT (ADDRESS): John T. Lynch, father, 2614 Lockridge, K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: CALVARY CEM. DATE: 5/22/37, 19

19. UNDERTAKER (ADDRESS): MELLODY-McGILLEY, K. C. Mo.

20. FILED May 21, 1937 M. M. Crowe, asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 20th, 1937.

22. I HEREBY CERTIFY That I attended deceased from Deputy Crowe, 19, to, 19

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 3:40am

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

Gunshot wound of the abdomen

Acute peritonitis 173

Date of onset

Other contributory causes of importance:

Name of operation: Autopsy — Date of ...

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Homicide — Date of injury: 5/18/37

Where did injury occur? 25-35 1/2 Prospect K. C. Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury: Trauma by firearms

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature], M. D.

(Address) [illegible]