AUG 27 1937

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

Do not use this space.

File No. 28029

Registered No.

1. PLACE OF DEATH

County: Pemiscott

Township: Little River

City: ~~Warren~~ (No. ..... St. ..... Ward)

Registration District No.: 1

Primary Registration District No.: 5

2. FULL NAME Willie Lynn

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	white	boy

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24, 1922

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	15		2	

OCCUPATION

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

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) Risco, Mo.

FATHER

13. NAME Arvil Lynn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton, Mo.

MOTHER

15. MAIDEN NAME Nellie Pankey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Doniphan, Mo.

17. INFORMANT Robert Pankey
(ADDRESS) Gideon, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Gideon Mo DATE 7-27-1937

19. UNDERTAKER R. H. Payne
(ADDRESS) Portageville, Mo.

20. FILED 11-9-37 19 J. C. Creasy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26th, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 13th, 1937 to July 24th, 1937

I last saw him alive on July 22nd, 1937. Death is said to have occurred on the date stated above, at 4:30 p.m.

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

	Date of onset
Typhoid Fever	June 30th

Other contributory causes of importance:

Name of operation ..... 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? .....

If so, specify .....

(Signed) W. L. Sample, M. D.

(Address) Wardell 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.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

28029
Do not use this space.

1. PLACE OF DEATH
(a) County Pemiscot Registration District No. 1099
(b) Township Little River Primary Registration District No. 3868 Registered No.
(c) City (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Willie Lynn
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Boy
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-24-1922
7. AGE: YEARS 15 MONTHS DAYS 2 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Schoolboy
9. Industry or business in which work was done, as 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) Risco Mo

FATHER
13. NAME Arvil Lynn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton Mo

MOTHER
15. MAIDEN NAME Nellie Pankey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dorlphan Mo

17. INFORMANT (ADDRESS) Robert Pankey Gideon Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Gideon Mo DATE 7 27 1937
19. FUNERAL DIRECTOR (ADDRESS) R. M. Payne Portageville Mo
20. FILED 11-9 1937 J. L. Creasy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26th 1937
22. I HEREBY CERTIFY, That I attended deceased from 13th July 1937 to July 24 1937
I last saw him alive on July 24 1937. Death is said to have occurred on the date stated above, at 4:30 p. m.,
The principal cause of death and related causes of importance were as follows:
Typhoid fever
Date of onset
Other contributory causes of importance:
Name of operation 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?
If so, specify
(Signed) D. A. Sample, M. D.
(Address) Wardell Mo

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S- 28029