

NOV 17 1937

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

Do not use this space.

1. PLACE OF DEATH

County Gentry  
Township  
City Albany (No. ....)

Registration District No. 309  
Primary Registration District No. 4185

File No. 37532  
Registered No. 61  
St. .... Ward)

2. FULL NAME Wilbur Clarence Lynch

(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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 7, 1925

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
11 10 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School  
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) Gentry Co. Missouri

13. NAME Albert Lynch

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

15. MAIDEN NAME Esther Runyan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gentry Co. Missouri

17. INFORMANT Albert Lynch (ADDRESS) Albany, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Home Spar DATE Oct 3 1937

19. UNDERTAKER Robert Gable (ADDRESS) Albany Mo.

20. FILED Oct 3 1937 W. T. Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 1 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 - 1937 to Oct 1 - 1937  
I last saw h. f. m. alive on Oct 1 - 1937 Death is said to have occurred on the date stated above, at 7 a. m.  
The principal cause of death and related causes of importance were as follows:

Lower abscess -

Right Empyema -  
Red Sores

Other contributory causes of importance:

Typhoid Fever  
Diphtheria

Date of onset Sept 37

Sept 24 - 37

Aug 10 - 37

Sept 10 - 37

Name of operation Aspirated Empyema Date of 10-1-37

What test confirmed diagnosis? Clin 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 Frank H. Rose! (Signed) M. D.

(Address) Albany Mo.

