

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.

JAN 18 1938

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

Do not use this space.

1. PLACE OF DEATH

County Lewis
Township Charlton
City Glasgow Mo. (No. 2)

Registration District No. 379
Primary Registration District No. 4223

File No. 45524
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 5 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-11-1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
90 8 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired Farmer
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) Lewis County, Mo.13. NAME Henry Lynch14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of Virginia15. MAIDEN NAME Gynthia Adams16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of Kentucky17. INFORMANT G. Ray Lynch (Son)
(ADDRESS) Glasgow Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Funerary Home DATE 12-12-3719. UNDERTAKER A. N. Oelkers
(ADDRESS) Glasgow Mo.20. FILED 12-15-37 J. W. Gardner
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-10-193722. I HEREBY CERTIFY, That I attended deceased from 11-30-37 to 12-10-1937I last saw him alive on 12-9-1937 Death is said to have occurred on the date stated above, at 5:50 am.

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

Sulmanary Embolism Date of onset 12-8-37
Pulmonary Infarction

Other contributory causes of importance:

Thrombosis embolism

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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) J. W. Gardner, M. D.(Address) Glasgow Mo.

