

REC'D NOV 21 1938

## MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

34912

Do not use this space.

## 1. PLACE OF DEATH

(a) County JacksonRegistration District No. 399(b) Township NewPrimary Registration District No. 1002(c) City Jackson City(d) Street No. St. Marys HospitalRegistered No. 4248

(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

(a) Residence, No. 4026 CampbellSt. 

(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)

Married

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

Sarah Jane Lynch

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

Feb. 18, 1855

## 7. AGE

YEARS

83

MONTHS

8

DAYS

12

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

## OCCUPATION

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

Millwright

## 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)

10-1-38

## 11. Total time (years) spent in this occupation

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mitchell Wisconsin

## FATHER

## 13. NAME

John Lynch

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

Ireland

## MOTHER

## 15. MAIDEN NAME

Jane Unk.

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

Ireland

## 17. INFORMANT (ADDRESS)

Mrs Sarah Jane Lynch 4026 Campbell

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. St. Marys DATE Nov. 2, 1938

## 19. FUNERAL DIRECTOR (NAME) (ADDRESS)

D. W. Newcomer's Sons 13 Rush Creek + Paseo

## 20. FILED

Oct 31, 1938 M. M. Crowe

Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Oct. 30, 1938

## 22. I HEREBY CERTIFY, That I attended deceased from

10/16/38, 19....., to 10/30/38, 19.....I last saw him alive on 10/30/38, 19..... Death is saidto have occurred on the date stated above, at 12:35 P. m.

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

Myocarditis chronic - e. failure

Date of onset

## Other contributory causes of importance:

Cardiomegaly - Unstable Angina and Prostate Glandoma Metastases GeneralName of operation Prostatic Resection Trans Urethral Date of 1936What test confirmed diagnosis? Rebiostomy Was there an autopsy? Yes

## 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 No(Signed) J. H. Hesterman, M. D.(Address) 1019 Mt. St. Marys

12:4:30

7/24/02

ST. PAUL EXHIB.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

*Neil Carr*

Licensed Embalmer No. *3976*

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

Do not use this space.

Registered No. 4248

1. PLACE OF DEATH

(a) County..... Registration District No.....  
(b) Township..... Primary Registration District 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

Michael J. Lynch

(a) Residence, No. .... St. [ ] (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 30* 19 *38*

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

22. I HEREBY CERTIFY, That I attended deceased from 19... to ... 19...  
I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.  
*83*

Date of onset  
*510*

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

Other contributory causes of importance:  
*Carcinoma of Urinary Bladder and Prostate  
Primary Carcinoma Prostate*

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

FATHER 13. NAME 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED *Oct 31 1938* *M. M. Terowe* Local Registrar

SUPPLEMENTARY

CHOOSE 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-34912