

Dr. W. Whitaker
REC'D DEC 5 1938

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

39903
Do not use this space.

1. PLACE OF DEATH

(a) County NEW MADRID Registration District No. 667
(b) Township St. John Primary Registration District No. 5803
(c) City..... (d) Street No.....
(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.

Registered No. 48

2. PRINT FULL NAME ROBERT DALTON LYNCH JR.

(a) Residence, No. NEW MADRID Co. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) no

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 0

OCCUPATION 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NEW MADRID Co. MO

FATHER 13. NAME Robert Dalton Lynch Sr.

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

MOTHER 15. MAIDEN NAME Hazel Pierson

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

17. INFORMANT (ADDRESS) Victoria Wesley East Prairie

18. BURIAL, CREMATION, OR REMOVAL PLACE SUGAR TREE DATE OCT. 15 '38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Truman Shelly East Prairie

20. FILED Oct 17 1938 Mrs. O. M. Hodges Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 15 1938

22. I HEREBY CERTIFY That I attended deceased from 19..... to 19.....

I last saw him alive on 19..... Death is said

to have occurred on the date stated above, at 5 P.M.

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

still born 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? no

If so, specify.....

(Signed) Geo W Whitaker, M. D.

501 (Address) East Prairie 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.

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.....

Licensed Embalmer No.....

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.