

REC'D MAY 16 1939

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

Do not use this space.

1. PLACE OF DEATH

County Wentworth Registration District No. 60
Township White Primary Registration District No. 4035
City Lincoln (No. 1)

File No. 14184
Registered No. 8
St. _____ Ward _____

2. FULL NAME

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

Length of residence in city or town where death occurred 45 yrs. 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 F. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 25, 1968

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>71</u>	<u>-</u>	<u>9</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
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) Port Lyon, Mo

13. NAME James A. Harvey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Frankfort, Ky.

15. MAIDEN NAME Sarah A. Nicholson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Frankfort, Ky.

17. INFORMANT (ADDRESS) W. B. Lynch, Lincoln, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lincoln, Mo. DATE April 5, 1939

19. UNDERTAKER (ADDRESS) J. B. Gilbert, Lincoln, Mo.

20. FILED May 4, 1939 Ms. Amy K. Rhoads Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sec 1938, to Apr 4, 1939

I last saw her alive on _____, 19____. Death is said to have occurred on the date stated above, at 2:30 p.m.

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

Cancer of left breast

Other contributory causes of importance: 50

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. B. Lynch, M. D.

(Address) Warsaw, 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.

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RECEIVED

District Health Officer No. 71

District File Number 7-39-767

Date Filed 5-5-39