

FILED MAP 7-1940

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

7177

Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 470
 (b) Township _____ Primary Registration District No. 5633 Registered No. 14
 (c) ^{or} City Mt. Vernon (d) Street No. Missouri State Sanatorium 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 3 yrs. 5 mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

520 Patrick Lynch 3
 (a) Residence, No. Steele, Mo 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

3. SEX Female 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 Henry Lynch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 24, 1911

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
28 4 27

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

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) May 1938 11. Total time (years) spent in this occupation 72

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

13. NAME George Coates,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Tennessee

15. MAIDEN NAME Valerie Ferrell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Tennessee

17. INFORMANT E. McMichael, Record Clerk
 (ADDRESS) Missouri State Sanatorium

18. BURIAL, CREMATION, OR REMOVAL PLACE Mo. S. S. Cemetery DATE Feb 23, 1940

19. FUNERAL DIRECTOR (NAME) Fossatt Funeral Home
 (ADDRESS) Mt. Vernon, Mo.

20. FILED Feb. 23, 40 P. A. Halmeier
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 19, 1940

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20th, 1899 to Feb. 19th, 1940

I last saw her alive on Feb. 19th, 1940 Death is said to have occurred on the date stated above, at 10:50 P. M.

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

Pulmonary Tuberculosis

Date of onset 1935

Other contributory causes of importance:

Name of operation _____ Date of: _____
 What test confirmed diagnosis putum 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) [Signature], M. D.
 (Address) Mt. Vernon, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 340-654

Date Filed MAR 6 1940

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.