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

Do not use this space.

27404

OCT 20 1933

SEP 26 1933

1. PLACE OF DEATH

County: Ray — Registration District No.: 744

Township: Richmond — Primary Registration District No.: 3035 — File No.:

City: Richmond (No. ..., ..., St. ..., Ward) — Registered No.: 63

2. FULL NAME: Wm. J. Lynch

(a) Residence, No. ..., St., ..., Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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: Jennie Lynch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 23 1854

7. AGE: Years 78 — Months 10 — Days 24 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Farmer

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): W. Va.

FATHER

13. NAME: Philip Lynch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): W. Va.

MOTHER

15. MAIDEN NAME: Marguite Wells

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): W. Va.

17. INFORMANT (ADDRESS): Mrs. Georgia Lynch, Richmond Mo

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Clark Cem. Richmond R.F.D. — DATE: 8/20/33

19. UNDERTAKER (ADDRESS): G. M. Gowin, Richmond Mo

20. FILED: Aug 18, 1933 — E. E. Day, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from July, 1933, to ..., 19..., I last saw him alive on Aug 17, 1933. Death is said to have occurred on the date stated above, at 7:54 A.m.

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

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance: Arterio-Sclerosis

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) C. E. Day, M. D.

(Address) Richmond

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD