

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

Do not use this space.

22743

**1. PLACE OF DEATH**

County Shannon  
Township Spurguly  
City (No. ....)

Registration District No. 1077  
Primary Registration District No. 6086

File No. ....  
Registered No. 15-  
St. .... Ward)

**2. FULL NAME**

unmained

(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 Boy | 4. COLOR OR RACE white | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-18-28

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, 1 hrs. or 15 min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Alley  
(STATE OR COUNTRY) Shannon Co

10. NAME OF FATHER Lee Lynch

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Spurguly  
(STATE OR COUNTRY) Shannon Co

12. MAIDEN NAME OF MOTHER Bertha Young

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Shannon Co  
(STATE OR COUNTRY) ms

14. INFORMANT Mrs Lynch  
(Address) Alley Mo.

15. FILED 628, 1928 L.H. Waller  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-18 1928

17. I HEREBY CERTIFY that I attended deceased from ..... to .....  
that I last saw him/her alive on ....., 19....., and that death occurred on the date stated above, at .....

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

unknown  
did in 1.5 hrs  
after birth  
DOB (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) DOB (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH

8 Did an operation precede death? DATE OF .....  
WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) Dr. H. Waller, M. D.  
628, 1928 (Address) Sumville Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL On Home Farm DATE OF BURIAL 6-19 1928

20. UNDERTAKER Mrs Lee Lynch ADDRESS Alley 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.

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

JUL 30 1928

