CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

26937

1927

1. PLACE OF DEATH
County Gentry — Registration District No. 309 — File No.
Township Howard — Primary Registration District No. 5434 — Registered No. 32
City (No. , St. Ward)

2. FULL NAME William Woodruff Lyon
(a) Residence. No. St. Ward. (If nonresident give city or town and State)
(Usual place of abode)
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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Emma Lyon

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 7-24-1837

7. AGE: 90 YEARS — MONTHS: 1 — DAYS: 27 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Jeweler
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New Jersey

PARENTS
10. NAME OF FATHER: Wm Lyon
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): N.J.
12. MAIDEN NAME OF MOTHER: Abbie Miller
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): N.J.

14. INFORMANT (Address): Mrs Abbie Brown, Denver, Mo

15. FILED Oct. 4, 1927 W. T. Martin, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sep. 20 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1927 to Sept 20, 1927 that I last saw him alive on Sept 20, 1927, and that death occurred, on the date stated above, at 9 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Intestinal Influenza

11B (duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) 11B (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH?
(1) DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical symptoms
(Signed) Laura H Long, M. D
Oct. 3, 1927 (Address) Denver 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: Prairie Chapel — DATE OF BURIAL: Sep 21 1927

20. UNDERTAKER: Brian Bros — ADDRESS: Denver