

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

Do not use this space.

3332

1. PLACE OF DEATH

County St. Louis Registration District No. 788 File No. _____
 Township Central Primary Registration District No. 4471 Registered No. 24
 City Webster Groves St. _____ Ward _____

2. FULL NAME

George W. Lyman
 (a) Residence, No. 819 Shively Ave. St. _____ Ward _____ Webster Groves Mo
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 16, 1860

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	68	4	13	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

Conn.
 (STATE OR COUNTRY)

10. NAME OF FATHER

unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Do.
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Mary Hackney

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Conn
 (STATE OR COUNTRY)

14.

INFORMANT Elizabeth Lyman
 (Address) 819 Shively Ave. Webster Groves

15.

FILED 1-30-29 Arthur J. Shively
 REGISTRAR per Edith Nelson

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 29 19 29

17. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to Jan 29, 19 29
 that I last saw him alive on Jan 29, 19 29, and that death occurred, on the date stated above, at _____ 11:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia Lobar
 (duration) yrs. mos. 4 da.

CONTRIBUTORY (SECONDARY) Hemiplegia - arterial hypertension
Cerebral
 (duration) 2 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Wm S Parker, M.D.
 (Signed) _____

*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.
Jan 29, 1929 (Address) 804 Atlanta Webster Groves Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Valhalla Crematory 1/31/29

20. UNDERTAKER

ADDRESS

Louis H. Bopp Kirkwood Mo

No. 2. 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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