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

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.

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

Do not use this space.

6797

399

1. PLACE OF DEATH
County Jackson — Registration District No. 1002
Township Kaw — Primary Registration District No.
City Kansas City (No. 3741 Campbell St. St. Ward)

File No.
Registered No. 963

2. FULL NAME Hannah Wrigt Lyon 6

(a) Residence. No. 3741 Campbell 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thos. S. Lyon

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 17, 1847

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	6	9	

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

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9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Indiana

2

PARENTS

10. NAME OF FATHER Ezra Wright

2

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Pennsylvania

12. MAIDEN NAME OF MOTHER Martha Long

2

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Pennsylvania

14. INFORMANT Mackay Lyon M.D.
(Address) 3741 Campbell St

15. FILED 2/27, 1929 M. M. Browne
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feby. 26 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1929, to Feb 26, 1929 that I last saw h. alive on 19, and that death occurred, on the date stated above, at 12:40 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Metastasis from Carcinoma
50
53K (duration) yrs. 9 mos. — ds.

CONTRIBUTORY (SECONDARY) Carcinoma of Breast
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

8

(Signed) Chas. F. Clark M. D.
2/27, 1929 (Address) Kansas City 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 Topeka, Kans.
DATE OF ~~BURIAL~~ 19, 2-28 1929

20. UNDERTAKER Shuemaker & Sons
ADDRESS 3235 Geldhaus Place

Dr. Chas. H. Clark
223 Argyle
Yfa 0996
11-3