24 1929

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

Do not use this space.

1. PLACE OF DEATH
County Carroll — Registration District No. 135 — File No. 9861
Township Trotter — Primary Registration District No. 5192 — Registered No. 31
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Alfred Lyons
(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If non-resident 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Mrs Lucy Lyons

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-10-1870

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
58	6	8	

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

9. BIRTHPLACE (CITY OR TOWN) Carroll County
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER John T Lyons
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Adair Co Kentucky
12. MAIDEN NAME OF MOTHER Margaret Goodson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Carroll Co Mo

14. INFORMANT Mrs. Alf L Lyons
(Address) Carrollton Mo

15. FILED 3-20, 1929 Mrs E E Farnham
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-18 1929

17. I HEREBY CERTIFY, That I attended deceased from 2-4, 1929, to 3-16, 1929, that I last saw him alive on 3-16, 1929, and that death occurred, on the date stated above, at 10 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hypertension
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) Cerebral Hemorrhage
Hemiplegia (duration) ..... yrs. ..... mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 4 A 1
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) W. G. Atwood, M. D
3/20, 1929 (Address) Carrollton 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: Nonbrovne Cemetery — DATE OF BURIAL: 3-20 1929

20. UNDERTAKER: Willis Brothers — ADDRESS: Carrollton

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.