

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.

APR 30 1930

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

9270

1. PLACE OF DEATH

County Salt River
 Township Salt River
 City Monett, Mo. (No. _____) St. _____ Ward _____

Registration District No. 446
 Primary Registration District No. 4264

File No. _____
 Registered No. _____

2. FULL NAME

(a) Residence. No. _____ (Usual place of abode)
 (b) _____ (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 Male 4. COLOR OR RACE W 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) 12th June 1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
64 9 17

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Brown Co.
 (STATE OR COUNTRY) Ohio, near Georgetown

10. NAME OF FATHER Samuel H. Boyd

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio near Williamsburg
 (STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Eleanor Thompson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Brown, Ohio, near Georgetown
 (STATE OR COUNTRY) _____

14. X Wife of M. L. Lyon
 (Address) Monett, Mo.

15. 4/18 1930 Mrs. L. C. Gibson
 FILED REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 29 1930

17. I HEREBY CERTIFY, That I attended deceased from March 25, 1930, to March 29, 1930, that I last saw him alive on March 29, 1930, and that death occurred, on the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis
 (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED at home
 IF NOT AT PLACE OF BIRTH _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? C. Gibson
 (Signed) _____, M. D.
 _____, 19 _____ (Address) Monett, Mo.

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Monett Cemetery DATE OF BURIAL 3/31 1930

20. UNDERTAKER Brothers & Jennings ADDRESS Monett, Mo.

