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

Do not use this space.

9533

File No.
Registered No. 223

APR 6 1931

1. PLACE OF DEATH
County Greene — Registration District No. 318
Township — Primary Registration District No. 2001
City Springfield Mo (No. U.S. Highway #66 St. Ward)

2. FULL NAME Thomas F. Lyndon
(a) Residence, No. Abington Mass 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): [illegible]

7. AGE: Years: about 42 — Months: — Days: — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: [illegible]
10. Date deceased last worked at this occupation (month and year): Unknown
11. Total time (years) spent in this occupation: [illegible]

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): [illegible]

FATHER
13. NAME: [illegible]
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): [illegible]

MOTHER
15. MAIDEN NAME: [illegible]
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): [illegible]

17. INFORMANT (ADDRESS): Herman Johnson Springfield

18. BURIAL, CREMATION, OR REMOVAL: Rockdale Mo DATE 3-25 1931

19. UNDERTAKER (ADDRESS): [illegible]

20. FILED 3-21 1931 Lon Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 20 1931

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw him alive on Mar 20 1931. Death is said to have occurred on the date stated above, at 10:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Automobile Accident	
Fracture of Skull	
Car went into ditch + overturned	
no collision	

Other contributory causes of importance: No Tissue 210 M

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Mar 20, 1931
Where did injury occur? 6 miles West of Springfield (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Highway #66
Manner of injury Lost control of car and went Parallel
Nature of injury Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify Traveling salesman
(Signed) Herman C. Stone, Coroner, M. D.
(Address) Springfield, Mo.

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.

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