

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

Do not use this space.

1224

1. PLACE OF DEATH
 County Jackson Registration District No. 322
 Township Kans Primary Registration District No. 300
 City Kansas City (No. 2312) Jerry St. St. _____ Ward _____
 2. FULL NAME George Lyons
 (a) Residence, No. 2312 Perry St. _____ Ward _____ (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.

File No. _____
 Registered No. 262
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widowed</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 1873</u>		
7. AGE <u>58</u> Years	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. <u>Printer, Flat</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Building 236</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Jan 1/32</u>	11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
MOTHER FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> 31	
17. INFORMANT (ADDRESS) <u>James Smith 2312 Jerry St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Blue Ridge Cemetery</u> DATE <u>Jan. 24</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>West Applegate Jones 1600 E. 19th</u>		
20. FILED <u>Jan 24</u> , 19 <u>32</u> <u>M. M. Corone</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-13-32

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____
 I last saw h. Deputy Coroner _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Arterio Sclerosis
96 Reptured
 Other contributory causes of importance:
96
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____ (1)
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Deputy Coroner, M. D.
 (Address) Deputy Coroner

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.

