MARGIN RESERVED FOR BINDING

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.

MAR 5 1932

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

Do not use this space.

6992

1. PLACE OF DEATH

County Salem — Registration District No. 796 — File No.

Township — Primary Registration District No. 3038 — Registered No. 17

City Marshall (No. , St. Ward)

2. FULL NAME William Henry Lyddon

(a) Residence, No. 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: Male

4. COLOR OR RACE: White

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) Mch. 27-1880

7. AGE: YEARS 51 — MONTHS 10 — DAYS 9 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brick mason

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓ 26

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) De Kalb Co. Mo. 1

FATHER

13. NAME John Lyddon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 8

MOTHER

15. MAIDEN NAME Mahala Adams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) De Kalb Co. Mo. 1

17. INFORMANT (ADDRESS) Mrs J B Sandidge Marshall Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Ridge Park DATE Feb. 8 1932

19. UNDERTAKER (ADDRESS) R. M. Campbell Marshall Mo.

20. FILED 2-8 1932 Mrs. John H. McGuire Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 6 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1932 to Feb 6 1932

I last saw him alive on Feb 6 1932 Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia — Date of onset Feb 1

59

107A

59

(1)

Other contributory causes of importance:

Diabetes Mellitus

Name of operation — Date of

What test confirmed diagnosis? Clinical & Lab — Was there an autopsy? no

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

24. Was disease or injury in any way related to occupation of deceased? M

If so, specify

(Signed) Robert L. Haynes, M. D.

(Address) Marshall