

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

Do not use this space.

10266

1. PLACE OF DEATH

County.....
Township.....
City *St. Louis*

Registration District No.....
Primary Registration District No.....
(No. *3209*, *La Salle*)

File No.....
Registered No. *2286*
St. Ward)

2. FULL NAME *Carter Lyons*

(a) Residence, No. *3209* *La Salle* St. *15* Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *40* 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 *Colored* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF *unknown*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb - 19 - 1856*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>76</i>	<i>0</i>	<i>15</i>	

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

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

10. Date deceased last worked at this occupation (month and year) *unknown* 11. Total time (years) spent in this occupation *14 yrs*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Louisiana*

MOTHER 13. NAME *Edward Lyons*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Louisiana*

MOTHER 15. MAIDEN NAME *unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*

17. INFORMANT (ADDRESS) *Helen Carroll 3104 Franklin Ave.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Washington Park* DATE *3/11/1932*

19. UNDERTAKER (ADDRESS) *Peoples Und. Co 3100 Franklin Ave*

20. FILED *48* 19 *32* *Ray O. Stanton* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar, 4* 19 *32*

22. I HEREBY CERTIFY that I attended deceased from *20* days to *3* days before death.

I last saw him alive on *4* March, 19 *32*. Death is said to have occurred on the date stated above, at *4:15* p.m.

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

Uteral stroke

Other contributory causes of importance:

920

Name of operation *Physician's office* Date of operation *no*

What test confirmed diagnosis? *Physician's office* Was there an autopsy? *no*

23. If death was due to external cause (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? *no*

If so, specify *no*

(Signed) *Ray O. Stanton*

(Address) *2740 Franklin Ave*

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.

