

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.

SEP 20 1933

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

Do not use this space.

29812

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 389
Primary Registration District No. 1002
(No. St. Mary's Hospital)

File No. 3738
Registered No. 3738
St. _____ Ward _____

2. FULL NAME JUDGE A. STANFORD LYON

(a) Residence, No. Hotel Kansas Citian St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 24 1887</u>		
7. AGE YEARS <u>46</u>	MONTHS <u>6</u>	DAYS <u>25</u>
		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Judge</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Circuit Court</u>
	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) K. C. Mo

13. NAME Andrew R. Lyon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knox Mo

15. MAIDEN NAME Elizabeth Stanford

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beggsville Mo

17. INFORMANT (ADDRESS) Andrew R. Lyon

18. BURIAL, CREMATION, OR REMOVAL PLACE W. Washington DATE Sept 21 1933

19. UNDERTAKER (ADDRESS) Shirley McCreere

20. FILED 9-21-33 M. M. Crow Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 20 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-18, 1933, to 9-19, 1933

I last saw him alive on 9-19, 1933 Death is said to have occurred on the date stated above, at 1:30 p. m.

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

Bilateral Pneumo Throat
1944
11013
Other contributory causes of importance:
Steak Bone
Esophagus
Esophagocopy
Name of operation _____ Date of 9-18-33
What test confirmed diagnosis? Traps 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 9-18, 1933

Where did injury occur? K. C. Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Restaurant

Manner of injury Bone in Esophagus
Nature of injury Fracture of Esophagus

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____

(Signed) Wm. Ferguson, M. D.
(Address) 407 W. 11th St.

Dr. K. K. K. K.
Proppendal