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

Do not use this space.

24366

1. PLACE OF DEATH
County Jackson — Registration District No. 599 — File No. 2047
Township ~~Kaw~~ — Primary Registration District No. 1008 — Registered No.
City Kansas City (No. 3922 Wyoming St. Ward)

2. FULL NAME Patrick L Lyndon
(a) Residence, No. 3922 Wyoming St., Ward. (If nonresident, give city or town and State)
(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.

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 Mrs Catherine Lyndon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-17-1853

7. AGE YEARS 71 MONTHS 3 DAYS 15 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mayer Stonesetting Co. 93C
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) Ireland

FATHER
13. NAME Thomas Lyndon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME No record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT (ADDRESS) Mrs Catherine Lyndon 3922 Wyoming

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Marys DATE July 4, 1934

19. UNDERTAKER (ADDRESS) Quirk & Tobin Co. Linwood & Main

20. FILED 7-3 1934 M M Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/2/34, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., to ....., 19....
I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 2 A m.
The principal cause of death and related causes of importance were as follows:
Coronary sclerosis
Chronic fibrous myocarditis
Date of onset
Other contributory causes of importance
94B
93C
no
Name of operation ..... Date of ....
What test confirmed diagnosis? Autopsy 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 .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) ....., M.D.
(Address) .....

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

AUG 21 1934

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