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.

MAY 21 1935

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

Do not use this space.

12011

1. PLACE OF DEATH

County Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001

City St. Joseph Mo. (No. 2015 Washington Ave. St. Ward)

File No.

Registered No. 440

2. FULL NAME James Lawrence Lyon.

(a) Residence, No. 2015 Washington ave. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 73 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: Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 17-1861

7. AGE: 73 YEARS, 11 MONTHS, 28 DAYS. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Paper Hanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: G.A.Thompson

10. Date deceased last worked at this occupation (month and year): April.10.1935.

11. Total time (years) spent in this occupation: 25 Yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Joseph Mo. Mo.

FATHER

13. NAME: Philip H. Lyon.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Richmond Virginia.

MOTHER

15. MAIDEN NAME: Bridget Northum

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): West Meado Ireland

17. INFORMANT (ADDRESS): Thomas J. Lyon 2017 Washington Avenue

18. BURIAL, CREMATION, OR REMOVAL: Mount Olivet Cemt

PLACE St.Joseph,MO. DATE April.17 1935

19. UNDERTAKER (ADDRESS): H.O.Sidenfaden 1802 Union Str St.Joseph,MO.

20. FILED APR 15 1935 19 John R. Binder Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 15-1935

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1935, to April 15, 1935

I last saw him alive on April 15, 1935. Death is said to have occurred on the date stated above, at 8.30 A.M.

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

Pneumonia, lobar

Date of onset: April 9, 1935

Other contributory causes of importance: Myocardial Degeneration

Name of operation: None Date of

What test confirmed diagnosis? 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? No

If so, specify

(Signed) S.E. Sexton, M. D.

(Address) St. Joseph, Mo