MAR 4 1936

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

Do not use this space.

6194

File No. 1015

Registered No.

1. PLACE OF DEATH
County: Jackson
Township: Kaw
City: Kansas City (No. St. Joseph's Hospital St. Ward)
Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME: James J. Lyons
(a) Residence, No. 6405 Woodland St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred: Life 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: Blanche E Lyons

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct-20-1894

7. AGE: Years 41 | Months 4 | Days 4 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Sign Writer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: General Out Door Adv Co
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): Kansas City Mo

FATHER
13. NAME: James J Lyons
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Glasgow Scotland

MOTHER
15. MAIDEN NAME: Mary Greeley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indep Mo

17. INFORMANT (ADDRESS): Blanche E Lyons 6405 Woodland

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Forest Hill DATE: Feb-25 1936

19. UNDERTAKER (ADDRESS): H W McComers Sons Kansas City Mo

20. FILED: 2/25 1936 M. M. Grove Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb-24 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 18 1936, to Feb 24 1936
I last saw him alive on Feb 24 1936. Death is said to have occurred on the date stated above, at 10:45 p m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Hemorrhage — Date of onset 10:45 Pm Feb 24.

Other contributory causes of importance: Pulmonary Tuberculosis — Jan. 1935

Name of operation: None Date of
What test confirmed diagnosis? Laboratory Was there an autopsy? yes

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) C. E. McCormick, M. D.
(Address) 2602 East 15 Kansas City Mo

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.

APR 2 1945