

SEP 24 1936

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

Do not use this space.

31313

## 1. PLACE OF DEATH

County Jasper  
Township.....  
City Carthage (No. 1006, Grant St.

Registration District No. 408  
Primary Registration District No. 3020  
St. .... Ward)

File No.....  
Registered No.....

2. FULL NAME John G. Lyon

(a) Residence, No. 1006 Grant St., ..... Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 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) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Catherine Lyon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 5, 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
85 9 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

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

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

12. BIRTHPLACE (CITY OR TOWN) Cass County  
(STATE OR COUNTRY) Missouri

MOTHER 13. NAME Daniel Lyon

14. BIRTHPLACE (CITY OR TOWN) Missouri  
(STATE OR COUNTRY)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)

17. INFORMANT Mrs. O. A. Meador  
(ADDRESS) 1006 Grant St., Carthage

18. BURIAL, CREMATION, OR REMOVAL

PLACE Freeman, Mo. DATE Aug. 13, 1936

19. UNDERTAKER The Ulmer Funeral Home  
(ADDRESS) Carthage, Missouri

20. FILED Aug 13, 1936 S. S. Clinton  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1936 to Aug 12, 1936

I last saw him alive on Aug 12, 1936 Death is said to have occurred on the date stated above, at 12:30 a.m.

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

Senility & anemia  
Anemia, secondary  
Myocarditis, chronic

Other contributory causes of importance:

Name of operation none Date of.....  
What test confirmed diagnosis? Clinical 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?.....

If so, specify.....

(Signed) Ernest J. Meador, M. D.

(Address) Carthage 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.

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