

1938 SEP 23 1938

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

Do not use this space.

1. PLACE OF DEATH

County *Wright*  
Township *Mountain Grove*  
City (No. *1*)

Registration District No. *908*  
Primary Registration District No. *6222*

File No. *30319*  
Registered No. *44*  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St., \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred *67* 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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OF RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *widow*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Charles Lyons*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov 24 - 1869*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<i>78</i>	<i>8</i>	<i>2</i>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House keeper*

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) (STATE OR COUNTRY) *Sveden*

13. NAME *J. A. Seger*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Sveden*

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Sveden*

17. INFORMANT *Laurance Lyons*  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE *British* DATE *7-27*, 19*38*

19. UNDERTAKER *Better Funeral Home*  
(ADDRESS)

20. FILED *8-1-* 19*38* *Bernice Montgomery*  
Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *1-26-* 19*38*

I HEREBY CERTIFY That I attended deceased from *May 1st* 19*38* to *July 26* 19*38*

I last saw him alive on *July 26*, 19*38*. Death is said to have occurred on the date stated above, at *5:30* a.m.

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

*Chronic Organic Heart - several years*  
*Chronic Interstitial Nephritis*

Other contributory causes of importance: *Infirmities of age*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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*38*

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) *J. G. Francis* M. D.  
Address *Mountain Grove, Mo.*

CAUTION - Do not use in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH**  
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**CERTIFICATE OF DEATH**

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**1. PLACE OF DEATH**

County..... Registration District No..... File No.....  
 Township..... Primary Registration District No..... Registered No.....  
 City..... (No..... St..... Ward)

**2. FULL NAME**.....

(a) Residence, No..... St..... Ward.....  
 (Usual place of abode) (If nonresident, give city or town and State)  
 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..... 4. COLOR OR RACE..... 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word).....

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

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

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

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....  
 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)..... (STATE OR COUNTRY).....

FATHER  
 13. NAME.....

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

MOTHER  
 15. MAIDEN NAME.....

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

17. INFORMANT (ADDRESS).....

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE..... DATE..... 19.....

19. UNDERTAKER (ADDRESS).....

20. FILED..... 19..... Registrar.....

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR)..... 19.....

22. I HEREBY CERTIFY, That I attended deceased from..... 19....., to..... 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at..... m.

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

RECEIVED  
 District Health Officer No. 6,  
 District File Number 6-38-87  
 Date Filed 9-20-38  
 Other contributory causes of importance:.....  
 Date of onset.....

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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).....

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.