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.

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

Do not use this space.

REC'D OCT 19 1938

2/1

1. PLACE OF DEATH
County: Clark
Registration District No.: 190
Primary Registration District No.: 4113
File No.: 31968
Registered No.: 31
Township:
City: Kahoka (No. St. Ward)

1 C 2. FULL NAME: Franklin B. Lyon

(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: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary L. Boone

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 21, 1864

7. AGE: Years 74 | Months 5 | Days 0 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Laborer
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): Chillicothe Missouri

FATHER
13. NAME: Greenberry Lyon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

MOTHER
15. MAIDEN NAME: Serelda Goben
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Stoca Missouri

17. INFORMANT (ADDRESS): Mrs. Hiram Malone Kahoka Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Kahoka Cem. DATE: Sept 23, 1938

19. UNDERTAKER (ADDRESS): Fred J. Karle Kahoka Mo.

20. FILED: 9/23, 1938 J. R. Bridges, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1938 to Sept 21, 1938.
I last saw him alive on Sept 15, 1938. Death is said to have occurred on the date stated above, at 11 AM
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer of the rectum | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:
Acute Intestinal Hemorrhoids

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) O. Ludy, M. D.
(Address) Kahoka Mo.

RECEIVED
District Health Officer No. 10
District File Number 10-38-252
Date Filed 10-8-38