

REC'D JUL 13 1939

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

22212  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Harrison Registration District No. 546  
 (b) Township White Oak Primary Registration District No. 5476  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ Registered No. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
 2. PRINT FULL NAME Charles Douglas Lyons  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jadis Lyons  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 20 1858  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
80 7 8  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as saw mill, bank, etc. Painter  
 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) Illinois  
 FATHER 13. NAME William Lyons  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind  
 MOTHER 15. MAIDEN NAME Barbra Lyons  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jordine  
 17. INFORMANT (ADDRESS) Etta Martin  
New Hampton  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Foster DATE June 30 1939  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. B. Holt  
New Hampton, Mo  
 20. FILED July 8 1939 R. L. Green  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29 1939  
 22. I HEREBY CERTIFY, That I attended deceased from June 13 1939, to June 29 1939  
 First saw him alive on June 28 1939. Death is said to have occurred on the date stated above, at 4 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Lead poisoning  
(Occupational)  
 Other contributory causes of importance: \_\_\_\_\_  
 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? yes  
 If so, specify R. L. Green D.O.  
 (Signed) \_\_\_\_\_ (Address) New Hampton, Mo.  
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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.

X14023

RECEIVED

District No. 11

District File Number 139-849

Date Filed JUL 12 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

*W. G. Noble*

or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed *W. G. Noble*

Licensed Embalmer No. 2904

P.O. Address New Hampton 5MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.