

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

24702  
Do not use this space.  
2915

REC'D AUG 7 1939

1. PLACE OF DEATH Jackson 2

(a) County Jackson Registration District No. 399

(b) Township Kaw Primary Registration District No. 1002 Registered No. 2915

(c) City Kansas City (d) Street No. 202 Clinton Place St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? mos. ds.

2. PRINT FULL NAME Elizabeth Frothingham Lyon

(a) Residence, No. 202 Clinton Place 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 Female 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 Andrew R. Lyon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 31, 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
86      5      14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as 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) Illinois 1

FATHER 13. NAME Thomas Starford

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mass. 1

MOTHER 15. MAIDEN NAME May Cook

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

17. INFORMANT (ADDRESS) Mrs. Miriam Lou Mayhouse  
202 Clinton Place

18. BURIAL, CREMATION, OR REMOVAL PLACE Int. Washinton DATE 7/18 1939

19. FUNERAL DIRECTOR (ADDRESS) Stine McClure  
3235 Bellham Place

20. FILED July 18 39 M. M. Groves  
Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1938, to July 15, 1939.

I last saw her alive on July 15, 1939. Death is said to have occurred on the date stated above, at 11:30 p.m.

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

Arteriosclerosis

Date of onset ?

Other contributory causes of importance: 97

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? no

If so, specify \_\_\_\_\_

(Signed) Wesley W. Williams M. D.  
(Address) 2023 1/2 Bellham Pl. K.C., 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.

L.O. 1533  
Plays medical Bldg.  
after 12:00, 0'clock

**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....  
..... L. E. ....  
No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed *[Signature]*  
Licensed Embalmer No. 1416-

**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.)**