

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

Do not use this space.

1. PLACE OF DEATH

County Henry Registration District No. 347
 Township Clinton mo Primary Registration District No. 3018
 City Clinton mo (No.) St. Clinton Ward 47

File No. 28442
 Registered No. 47

2. FULL NAME

Samuel H Lyons
 (a) Residence, No. 405 So 2nd St St. Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred 15 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 23 - 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 9 14

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

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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Indiana

13. NAME Robert Lyons

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

15. MAIDEN NAME Sarah Baunter

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

17. INFORMANT Etta Lyons (ADDRESS) Clinton mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oakwood DATE 9-8 1933

19. UNDERTAKER Fred Wilkinson (ADDRESS) Clinton mo

20. FILED 9/8 1933 E D C Peeler Registrar.

Y MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-7, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-1, 1933, to 9-7, 1933

I last saw him alive on 9-1, 1933 Death is said to have occurred on the date stated above, at 4:15 p.m.

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

Suffocation of brain
Chromobasis of vessels of brain
 Date of onset 9-7

Other contributory causes of importance:
Chromobasis of vessels of brain

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) E D C Peeler, M. D. (Address) Clinton 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. SEP 26 1933

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

