

PLACE OF DEATH

County Hillsdale
 Township Hillsdale
 or
 Village _____
 or
 City _____

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

CERTIFICATE OF DEATH

Registered No. 98
5

NOV 13 1920

St.; _____ Ward) _____

(If death occurred in a hospital or institution give its name instead of street and number.)

FULL NAME Ruth Lyon

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OF RACE White SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

DATE OF BIRTH Oct 6 1970
 (Month) (Day) (Year)

AGE 50 years
 If LESS than 1 day _____ hrs. _____ min.

OCCUPATION
 (a) Trade, profession or particular kind of work _____
 (b) General nature of industry, business or establishment in which employed (or employer) _____

BIRTHPLACE (State or country) Hillsdale, Mich.

NAME OF FATHER Floyd J. Lyon

BIRTHPLACE OF FATHER (State or country) Hillsdale, Pa.

MARRIAGE NAME OF MOTHER Caroline A. Lyon

BIRTHPLACE OF MOTHER (State or country) Dunkirk, Mich.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Signature) Floyd J. Lyon

(Address) Dunkirk, Mich.

Filed Oct 7 1920 at Robert W. Bate

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 6 1920
 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 6 1920 to Oct 6 1920

that I last saw her alive on _____, 1920

and that death occurred, on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:

Still born

Contributory (Secondary) _____

(Date) Oct 6 1920 (Address) Hillsdale, Mich.

*When the Embryonic Calcium Death or its death from Venous Occlusion, State (1) MEANS OF DEATH; and (2) VITAL ACCIDENTS, BURNING, or HOMICIDE.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAVELERS OR FOREIGN RESIDENTS)

Residence of death _____ yrs. _____ mo. _____ da. In the State _____ yrs. _____ mo. _____ da.

Where was disease contracted, or fatal phase of death? _____

Temperature _____

PLACE OF BURIAL OR REMOVAL Dunkirk Cemetery DATE OF BURIAL Oct 6 1920

UNDERSTANDER Wm. J. Dutcher ADDRESS Hillsdale, Mich.