

Dr. Proctor Sparks

COMMONWEALTH OF KENTUCKY
 Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. **13868**
 Registrar No. _____

Registration District No. **1028** Primary Registration District No. **2046**

1. PLACE OF DEATH:
 (a) County **Boyd**
 (b) City or town **Oakland**
 (c) Name of hospital or institution **Hunger Daughters Hosp**
 (d) Length of stay: in hospital or community **7 weeks**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Kentucky** (b) County **Elliott**
 (c) City or town **Halsom Ky**
 (d) Street No. **Halsom Ky**
 (e) foreign born; how long in U. S. A. **Life** years

3(a) FULL NAME **Elisha Lyon**
 3(b) If veteran, Name war No. _____
 3(c) Social Security No. _____

4. Sex **Male** **5. Color or race** **W.** **6(a) Single, widowed, married, divorced** **Married**
6(b) Name of husband or wife **Emma Thompson**
6(c) Age of husband or wife if living **Deceased** Years _____
7. Birth date of deceased **Dec-21-1875** (Month) (Day) (Year)

8. AGE **65 yrs** **5** Months **19** Days If less than one day hr. min.
9. Birthplace **Elliott, Co. Ky.**
10. Usual occupation **Farmer**
11. Industry or business _____

MOTHER
12. Name **Lewis Lyon**
13. Birthplace **Elliott Co. Ky.**
14. Maiden name **Polly Sparks**
15. Birthplace **Lawrence Co. Ky**
16. Informant's own signature **Louis Lyon**
 (b) Address **Oakland, Ky.**

17. BURIAL, CREMATION, OR REMOVAL
 (a) **Halsom Ky** (b) Date **6/11/40**
18. Signature of funeral director **John Stum**
 (b) Address **Oakland, Ky.**

19(a) _____ (Date received by local registrar) **(b)** _____ (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH **June 9, 1940**
21. I hereby certify that I attended the deceased from **May 19, 1940** to **June 9, 1940** that I last saw her alive on **June 8, 1940** and that death occurred on the **9th** day above at **8:40 P.M.**
General Sepsis
 Due to **Infected Foot**
 Other conditions **Diabetes** (Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations **H - 211A**
 Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? in or about home, on farm, in industrial place in public place? _____ (Specify type of place)
 While at work _____ (e) Means of injury **8667**
23. Signature **Proctor Sparks** (M. D. or other)
 Address **Oakland, Ky.** Date signed **6-10-40**

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY WITH BOLDING INK—THIS IS A PERMANENT RECORD. 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.