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

Do not use this space.

9609

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 2123

City St. Louis (No. 4236a Farlin Ave St. ..... Ward)

2. FULL NAME THOMAS LYONS

(a) Residence. No. 4236a Farlin Ave St., 10 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 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~~ Annie Lyons (Nee O'Keefe)

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 14-1861

7. AGE: Years 66 | Months | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER: John Lyons
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER: Ellen Murphy
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ireland

14. INFORMANT: Annie Lyons
(Address) 4236a W. Farlin Ave

15. FILED ..... 19.. May C. Starkeoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) ~~Feb~~ 3 Mar 3 1927

17. I HEREBY CERTIFY, That I attended deceased from Apr 30, 1926, to March 3, 1927 that I last saw him alive on Feb 21, 1927, and that death occurred, on the date stated above, at 9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina pectoris
(duration) ..... yrs. 10 mos. — ds.

CONTRIBUTORY (SECONDARY) Chronic myocarditis - mitral hypertension (duration) 2 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? N. DATE OF —
WAS THERE AN AUTOPSY? N
WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination
(Signed) Newman Kane, M. D
Mar 3, 1927 (Address) 1117 N Grand Blvd

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary Cemetery | DATE OF BURIAL: March 5 1927

20. UNDERTAKER: Stroot & Carroll | ADDRESS 4415 Natural Bridge

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.