

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

Do not use this space.

18222

1. PLACE OF DEATH

County Jackson
Township Flour
City Flour

Registration District No. 399
Primary Registration District No. 1002
(No. 197 So. Lawn)

File No. 2324
Registered No. 2324
St. _____ Ward _____

2. FULL NAME

Kathrine M. Lyman
(a) Residence. No. 107 So. Lawn St. 10 Ward _____
(Usual place of abode)

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. (If nonresident give city or town and State)

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 Fred Lyman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 2, 1870

7. AGE YEARS MONTHS DAYS 56 10 3
If LESS than 1 day, ____ hrs. or ____ min.

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Ottawa
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER A. J. Lyman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ind.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER No record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ind.
(STATE OR COUNTRY)

14. INFORMANT Fred Lyman
(Address) 107 So. Lawn

15. FILED 6/5 1927 M. M. Croome
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 5 1927

17. I HEREBY CERTIFY that I attended deceased from June 3, 1927 to June 5, 1927 that I last saw alive on June 5, 1927, and that death occurred, on the date stated above, at 107 So. Lawn

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cholera
CONTRIBUTORY (SECONDARY) intest. secretion
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____
DID AN OPERATION PRECEDE DEATH, _____ DATE OF _____
WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) R. L. St. Louis M. D.
June 6, 1927 (Address) 3242 St. John

*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 West Washington DATE OF BURIAL 6-7 1927
ADDRESS 204
TAKEN BY Mrs. C. L. Faustus KC. MO

K. 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.

THIS IS A PERMANENT RECORD

B. 0423

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