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.

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

Do not use this space.

31386

1. PLACE OF DEATH
County St. Louis County — Registration District No. 788 — File No.
Township — Primary Registration District No. 4471 — Registered No. 75
City Webster Grove (No. ..... St. ..... Ward)

2. FULL NAME Josephine Margaret Lyons
(a) Residence No. 918 Bompart St., ... 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow of James E. Lyons

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 11th 1846

7. AGE 81 Years Months Days 10 Days 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) (STATE OR COUNTRY) St. Louis, Mo.

PARENTS
10. NAME OF FATHER Christ Martin
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Frey
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) France

14. INFORMANT Mrs. Gordon T. Lewis
(Address) 918 Bompart

15. FILED 10-23, 1927 Arthur H. Westrup REGISTRAR per Edsie Henson

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 20 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1927 to Oct 20, 1927 that I last saw her alive on Oct 20, 1927, and that death occurred, on the date stated above, at 8:19 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arterial Hyper Tension
15 [illegible]
106
162
(duration) yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY) Senile Muscular Atrophy and Debility
(duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Wm G Barker M.D
Oct 22, 1927 (Address) 3903 Olive St St Louis Mo

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*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 Old St. Marcus — DATE OF BURIAL Oct. 24 1927

20. UNDERTAKER Genteman-Wagoner — ADDRESS 4320 Warne ave