

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

Do not use this space.

3437

1. PLACE OF DEATH

County..... Registration District No. 701 File No.
 Township..... Primary Registration District No. 4003 Registered No. 1068
 City, St. Louis (No. Mullanphy Hospital) St. Ward)

2. FULL NAME

(a) Residence. No. 3310 S. Grand 16 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Charles Garland

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar - Nov - 1867

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>60</u>	<u>10</u>	<u>—</u>	<u>—</u>	<u>—</u>

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housekeeper 466
 (b) General nature of industry, business, or establishment in which employed (or employer) 53E
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

10. NAME OF FATHER Daniel Lyons

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

12. MAIDEN NAME OF MOTHER Anna Coudon

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

14. INFORMANT Rev. John Lyons
 (Address) 3310 S. Grand Ave

15. JAN 30 1928
 FILED 19 Mar 6 Starkeoff
 Registrar

4 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 28 1928

17. I HEREBY CERTIFY That I attended deceased from 15 1927, to Jan 28 1928 that I last saw him alive on Jan 28 1928, and that death occurred on the date stated above, at 2:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Sarcinoma
Origin undetermined
metastasis spine, liver
& lymph glands (duration) yrs. 8 mos. da.

CONTRIBUTORY (SECONDARY) 44B (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Nov. 27
 WAS THERE AN AUTOPSY? By Prof. Lymph glands

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory
 (Signed) E. P. R... M. D.
129 1928 (Address) Union Club Bldg.

*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 DATE OF BURIAL Jan 31 1928

20. UNDERTAKER Kaepfer-Helderle ADDRESS 2331 S. Grand

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.

