

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

Do not use this space.

6585

1. PLACE OF DEATH

County..... Registration District No. 1701
 Township..... Primary Registration District No. 1000
 City St. Louis (No. 1537 Louisiana Ave.) St. 1527 Ward

2. FULL NAME Kate R. Lyons

(a) Residence. No. 1537 Louisiana St. 17 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John C. Lyons

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
About 73

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House-wife
 (b) General nature of industry, business, or establishment in which employed (or employer) Self
 (c) Name of employer

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

10. NAME OF FATHER Benjamin Roth

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

12. MAIDEN NAME OF MOTHER Mary Arnold

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

14. INFORMANT Nathaniel Lyons (Address) 1537 Louisiana

15. FILED FEB 19 1928 19. Blair Standifff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 8 1928

17. I HEREBY CERTIFY That I attended deceased from Jan 25, 1928, to Feb 8, 1928, that I last saw h. or t. alive on Feb 6, 1928, and that death occurred, on the date stated above, at 10:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myelogenous Leukemia
72H
95C
 (duration) _____ yrs. _____ mos. _____ da.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis
 (duration) _____ yrs. 6 mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED 65W
 IF NOT AT PLACE OF DEATH? _____

DID AN OPERATION PRECEDE DEATH. no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Lab. & Physical

(Signed) Stephen V. Glau, M. D.

2/10, 1928 (Address) 3202 Park

*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 Yakalla Cemetery DATE OF BURIAL Jan 11 1928

20. UNDERTAKER W. Long ADDRESS 1631 Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

