P 26 1928

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

Do not use this space.

27826

1. PLACE OF DEATH
County Linn
Township Grantsville
City S. M. ~~E. of~~ Purdin (No. ..... St. ..... Ward)
Registration District No. 504
Primary Registration District No. 5667
File No. .....
Registered No. 7

2. FULL NAME Elizabeth A Lyons
(a) Residence. No. Purdin, St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
F	W.	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March, 22, 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	5	9	

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) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Chiselhurst
(STATE OR COUNTRY) Huron, Co. Canada

PARENTS
10. NAME OF FATHER Sylvester Latta
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Plainfield
(STATE OR COUNTRY) Ontario, Canada
12. MAIDEN NAME OF MOTHER Mary Martin.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Newfoundland

14. INFORMANT E.B. Lyons,
(Address) R.F.D. Purdin, Me.

15. FILED 9/10, 1928 U. C. Dryden REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug, 31st. 28 19

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1927, to Aug. 31, 1928 that I last saw her alive on Aug 30, 1928, and that death occurred, on the date stated above, at 6.30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial Nephritis
131
12A
(duration) 1½ yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cerebral Hemorrhage
(duration) yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? no. DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) E. D. Handley, M. D
, 19 (Address) Brookfield Mo

*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	DATE OF BURIAL
Bear Branch Cemetery	9/ 2. 28 19
20. UNDERTAKER	ADDRESS
C.W.Hill	Brookfield.

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.