C 26 1928

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

Do not use this space.

36322

1. PLACE OF DEATH
County: Saline Carroll — Registration District No. 135
Township: Sugartree — Primary Registration District No. 5191
City ..... (No. ..... St. ..... Ward)
File No. .....
Registered No. 110

2. FULL NAME: Lillie Lyon

(a) Residence. No. ..... 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: W M Lyon

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 9 - 1906

7. AGE: Years 22 — Months 6 — Days 18 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Keeper
(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): Mo

PARENTS
10. NAME OF FATHER: Joe Ford
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Ky, Tenn
12. MAIDEN NAME OF MOTHER: Rebecca Taylor
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Mo

14. INFORMANT: W. M. Lyon
(Address): Grand Pass Mo

15. FILED 11-28, 1928 Mrs. E. E. Farnham REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 11 - 27 1928

17. I HEREBY CERTIFY, That I attended deceased from 11-16, 1928, to 11-27, 1928, that I last saw h~~er~~ alive on 11-27, 1928, and that death occurred, on the date stated above, at 2 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Septicaemia (Puerperal)
146
(duration) ..... yrs. 11 mos. 11 ds.

CONTRIBUTORY (SECONDARY): Influenza
(duration) ..... yrs. ..... mos. 10 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? .....
(Signed) Geo A Welling, M. D
11-27, 1928 (Address) Waverly 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: Corder Cemetery — DATE OF BURIAL: Nov 28 1928
20. UNDERTAKER: J W Campbell — ADDRESS: Marshall

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.