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

Do not use this space.

6428

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 4017 Harrison St. Ward)
Registration District No. 399
Primary Registration District No. 1002
File No.
Registered No. 301

2. FULL NAME Regina Anna Lyons
(a) Residence. No. 4017 Harrison St., 6 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 27, 1894
7. AGE Years 34 Months 11 Days 8 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) Retired 2 years
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Joplin
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER John Lyons
11. BIRTHPLACE OF FATHER (CITY OR TOWN) New York
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Margaret Featherstone
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) New York
(STATE OR COUNTRY)

14. INFORMANT Miss Lucy L. Lyons
(Address) 4017 Harrison

15. FILED 2-5, 1929 M M Crowe
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 5 1929
17. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1927, to Feby 4, 1929, that I last saw her alive on Feby 4, 1929, and that death occurred, on the date stated above, at 8 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
2 [illegible]
[illegible] (duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Acute bronchopneumonia
(duration) yrs. mos. 5 ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DIDN'T OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Phys signs
(Signed) R. T. Hoon, M. D
Feb 5, 1929 (Address) Rialto 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 Mt St Mary's
DATE OF BURIAL Feb 7 1929
20. UNDERTAKER D W. Newcomer Sons
ADDRESS K. C. 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.

Vic S 839-
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