

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

Do not use this space.

8502

**1. PLACE OF DEATH**

County..... Registration District No. 701  
 Township..... Primary Registration District No. 1000  
 City St. Louis Mo. (No. St. Marys Infirmary St. Ward)

File No. ....  
 Registered No. 2168

**2. FULL NAME** Anna May Lyons  
 (a) Residence. No. 1110<sup>a</sup> Market St. 25 Ward. (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** single

SALE IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

**6. DATE OF BIRTH** (MONTH, DAY AND YEAR) Sept 4 - 1906

**7. AGE** YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
22 | 5 | 10 | 2 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) Famous Barr Co  
 (c) Name of employer \_\_\_\_\_

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

**10. NAME OF FATHER** James Lyons

**11. BIRTHPLACE OF FATHER** (CITY OR TOWN) St. Louis, Mo.  
 (STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER** Anna Mahoney

**13. BIRTHPLACE OF MOTHER** (CITY OR TOWN) St. Louis, Mo.  
 (STATE OR COUNTRY)

**14. INFORMANT** Mrs Anna Lyford  
 (Address) 1110<sup>a</sup> Market St.

**15. FILED** FEB 16 1929 Max Starkey REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH** (MONTH, DAY AND YEAR) Feb. 14 1929

**17. I HEREBY CERTIFY**, That I attended deceased from Feb 6, 1929, to Feb 14, 1929 that I last saw her alive on Feb 14, 1929, and that death occurred, on the date stated above, at 12:05 P. M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chronic Nephritis  
131  
9:30  
 (duration) unknown yrs. mos. da.

**CONTRIBUTORY (SECONDARY)** Chronic Myocarditis  
 (duration) unknown yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED** 1110<sup>a</sup> Market St.  
 (CITY OR TOWN) (STATE OR COUNTRY)

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no

WHAT TEST, CONFIRMED DIAGNOSIS? Histology, Physical Exam and Laboratory tests  
 (Signed) G. P. Brown, M. D.

(Address) 1536 Papineau

\*State the DISEASE CAUSING DEATH, or in death 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 Cem **DATE OF BURIAL** 2-18-1929

**20. UNDERTAKER** Peety Bros 3029 Laf. Ave **ADDRESS**

