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

Do not use this space.

23814

85

1. PLACE OF DEATH

County Buchanan — Registration District No. 1001 — File No.

Township — Primary Registration District No. — Registered No. 915

City St Joseph Mo. (No. 2113 Pear St. Ward)

2. FULL NAME Lucy Elizabeth Lyons

(a) Residence. No. 2113 Pear St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 3, 1909

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	20	1	28	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Agency
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Artie Lyons

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

12. MAIDEN NAME OF MOTHER Nora Kirkman

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

14. INFORMANT Mr Artie Lyons
(Address) 2113 Pear

15. FILED 1 1929 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 31, 1929

17. I HEREBY CERTIFY, That I attended deceased from July 31, 1929, to July 31, 1929 that I last saw her alive on July 31 1929 - AM 1929, and that death occurred, on the date stated above, at 8:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

108
106A
194B

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cold & Exposure

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? Lung Condition

(Signed) Blanch B. Rennick M. D.

8/1, 1929 (Address) Logan 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	DATE OF BURIAL
Agency Mo.	August 2 1929
20. UNDERTAKER	**ADDRESS**
Fleeman Funeral Home	1946 Calhoun

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.