

JUL 27 1929

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

Do not use this space.

25604

1. PLACE OF DEATH

County: St Charles Registration District No. 757 File No. _____
Township _____ Primary Registration District No. 3036 Registered No. 105
City: St Charles (No. St Josephs Hospital St. _____ Ward)

2. FULL NAME

Hortense Lyons
(a) Residence No. _____ St. _____ Ward Portage Des Sioux Mo
(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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 3 1929

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

17. I HEREBY CERTIFY, That I attended deceased from July 2, 1929, to July 3, 1929, that I last saw her alive on July 3, 1929, and that death occurred, on the date stated above, at 12:45 P.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 22 - 1911

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
18 5 11

Diabetic Mellitus

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work At Home (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____

(duration) 12 yrs. _____ mos. _____ ds.

9. BIRTHPLACE (CITY OR TOWN) Portage Des Sioux Mo. (STATE OR COUNTRY)

CONTRIBUTORY (SECONDARY) Diabetic Coma (duration) _____ yrs. _____ mos. _____ ds.

10. NAME OF FATHER James P. Lyons

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH Home

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Indlewood Mo. (STATE OR COUNTRY)

DID AN OPERATION PRECEDE DEATH? No DATE OF _____ WAS THERE AN AUTOPSY? No

12. MAIDEN NAME OF MOTHER Maie H. Imbrius

WHAT TEST CONFIRMED DIAGNOSIS? Clinical (Signed) C. A. Barnard, M. D.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Portage Des Sioux Mo. (STATE OR COUNTRY)

(Address) Portage Des Sioux 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.

14. INFORMANT Helen Lyons (Address) Portage Des Sioux Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Francis Cemetery DATE OF BURIAL July 6 1929

15. FILED 7/6 29 Hy. G. Bloebaum REGISTRAR

20. UNDERTAKER W. A. Calverley & Sons Co ADDRESS 800 N. 2nd St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGES should be stated EXACTLY. PHYSICIANS should state

