

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.

25-726-a

NOV 3 1930

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

Do not use this space.

25726-a

1. PLACE OF DEATH

County Washington
Township Liberty
City _____ (No. _____) _____ St. _____ (Ward)

Registration District No. 887
Primary Registration District No. 6181

File No. _____
Registered No. 72

2. FULL NAME

Belle Jean Lyons

(a) Residence. No. Potosi, Mo. 50 Ward. _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 28-1930

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant
(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) Washington Co.

PARENTS

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Jessie Lyons

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

14. INFORMANT Jessie Rohrer
(Address) Potosi, Mo. B. 1.

15. FILED 10/1 1930 Jos. L. Thurman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-30-1930

17. I HEREBY CERTIFY, That I attended deceased from July 1 1930 to July 30 1930 that I last saw her alive on July 29 1930, and that death occurred, on the date stated above, at 10.0 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Diarrhoea

1198

CONTRIBUTORY (SECONDARY)

1130

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) J. H. Russell, M. D.

7/31 1930 (Address) Potosi 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 DATE OF BURIAL

Pleasant Hill 7-31 1930

20. UNDERTAKER ADDRESS

Sparks Inc. Potosi Mo.

