

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

Do not use this space.

33023

1. PLACE OF DEATH

County Jackson
Township Barr
City St. P.

Registration District No. 399
Primary Registration District No. 002
(No. 3319 Oak St)

File No. _____
Registered No. 4253
St. _____ Ward _____

2. FULL NAME

Mrs Mary A Lyons

(a) Residence. No. 3319 Oak St St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 45 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 MEDICAL CERTIFICATE OF DEATH

3
16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/20/30 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1930 at St. P., 1930 that I last saw him alive on Sept 18, 1930, and that death occurred, on the date stated above, at 7:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

auricular fibrillation
97
95A (duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) arteriosclerosis & malnutrition (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS

10/20/1930 (Signed) H. P. Chapman M. D.
(Address) 1032 Prof. 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 St Marys Cem DATE OF BURIAL 10/22/30

20. UNDERTAKER W. F. Mayberry ADDRESS Kennett City, Mo

3. SEX F 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gas J Lyons

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 27th 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 7 23

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 _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

10. NAME OF FATHER James Greeley

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

12. MAIDEN NAME OF MOTHER Margaret Lander

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

14. INFORMANT J. P. Lyons (Address) 56th & #50 Highland

15. FILED 10/20/1930 M. M. Crowe REGISTRAR
Asst

PARENTS

