

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

Do not use this space.

41427

1. PLACE OF DEATH

County Lawrence Registration District No. 468
Township Rock Prairie Primary Registration District No. 4281
City Marionville Mo (No. _____) St. _____ Ward _____

File No. _____
Registered No. 28

2. FULL NAME Laura Lyon

(a) Residence, No. Marionville Mo St. _____ Ward _____
(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

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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, 2 hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Marionville Mo (STATE OR COUNTRY)

FATHER 13. NAME Dean Lyon

14. BIRTHPLACE (CITY OR TOWN) Wabason Ill (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Ida Bessie Hankins

16. BIRTHPLACE (CITY OR TOWN) Patrick Ark (STATE OR COUNTRY)

17. INFORMANT Dean Lyon (ADDRESS) Marionville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Marionville Mo DATE Dec 8 1931

19. UNDERTAKER none (ADDRESS)

20. FILED Dec 9 1931 R. Anderson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 2nd 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 2 1931, to Dec 2 1931.
I last saw her alive on Dec 2 1931. Death is said to have occurred on the date stated above, at 6:45 P.M.
The principal cause of death and related causes of importance were as follows:

Premature birth

159 159

Other contributory causes of importance: none

Name of operation none Date of _____
What test confirmed diagnosis? Symptoms Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) F. W. Lott, M. D.
(Address) Marionville Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

