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.

MAR 21 1932

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

Do not use this space.

3614

1. PLACE OF DEATH

1 County Adair — Registration District No. 4 — File No.

2 Township — Primary Registration District No. 3001 — Registered No. 27

City Kirksville (No. , St. Ward)

7 2. FULL NAME Billie George Lyons.

(a) Residence, No. 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: Male
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) 2 - 22 - 1932

7. AGE: YEARS 00 — MONTHS 00 — DAYS 1 — If LESS than 1 day, hrs. or min.

OCCUPATION
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) (STATE OR COUNTRY) Kirksville Missouri 1

FATHER
13. NAME Sidney B. Lyons
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Kansas 2

MOTHER
15. MAIDEN NAME Martha Brown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) S. B. Lyons 705 W. Pierce

18. BURIAL, CREMATION, OR REMOVAL
PLACE Laplata DATE 2-23 1932

19. UNDERTAKER (ADDRESS) Dee Riley Kirksville Mo

20. FILED Feb 24 1932 Mrs C H Becker Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1932, to Feb 23, 1932

I last saw him alive on Feb 23, 1932. Death is said to have occurred on the date stated above, at 6:15 A.m.

The principal cause of death and related causes of importance were as follows:

morbus caeruleus - "blue baby" - persistent foramen ovale

Date of onset

157C

157C

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? 3 — Was there an autopsy?

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) E. C. Petermeyer, ~~M.~~ D.O

(Address) Kirksville, Mo