

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.

JUN 21 1932

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

Do not use this space.

15304

1. PLACE OF DEATH

11 County Buchanan
Township Frazier
City _____ (No. _____)

Registration District No. 80
Primary Registration District No. 3-2-0-A

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

2. FULL NAME

Nancy Ann Lyons
(a) Residence, No. _____ 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 <u>Feem.</u>	4. COLOR OR RACE <u>Wh.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Stephen Lyons</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 26, 1873</u>		
7. AGE <u>68</u>	YEARS <u>7</u>	MONTHS <u>21</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</u>		11. Total time (years) spent in this occupation <u>2 35</u>
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Buchanan Co.</u>		
13. NAME <u>John W. McQueen</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Buchanan Co.</u>		
15. MAIDEN NAME <u>Nancy Ann Martin</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Buchanan Co.</u>		
17. INFORMANT <u>Florence Bales</u> (ADDRESS) <u>901 Fremont St. Frazier, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Frazier, Mo.</u> DATE <u>May 19, 1932</u>		
19. UNDERTAKER <u>W. A. Sullards</u> (ADDRESS) <u>Lawson, Mo.</u>		
20. FILED <u>May 18, 1932</u> <u>Mrs. Lucy Powell</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 17th May, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1931, to May 17th, 1932.
I last saw her alive on May 17th, 1932. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Carcinoma uteri
Date of onset _____

Other contributory causes of importance: 48

What test confirmed diagnosis? _____ Was there an autopsy? 1
Name of operation Radical hysterectomy Date of op. Oct. 1931
Radium used

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) J. C. Stunkles, M. D.
(Address) Lawson, Mo.

