

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

Do not use this space.

35194

1. PLACE OF DEATH  
 27 County Cooper Registration District No. 218  
 27 Township \_\_\_\_\_ Primary Registration District No. 3015  
 4 City Boonville (No. St. Joseph Hospital)  
 2. FULL NAME Albert O. 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. Kansas City

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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) Mar 3-1911  
 7. AGE YEARS MONTHS DAYS if LESS than 1 day, hrs. or min.  
21 8 9  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student  
 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 \_\_\_\_\_

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 12 1932  
 22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
 I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 1:15 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Skull Fracture and Brain injury  
 Date of onset 11-11-32  
 21071 (5)  
 Other contributory causes of importance: \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Terre Haute Ind.  
 13. NAME Albert O. Lyons  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Terre Haute Ind.  
 15. MAIDEN NAME Frances L. Laeves  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Terre Haute Ind.  
 17. INFORMANT Albert O. Lyons  
 (ADDRESS) Kansas City, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City, Mo. DATE Nov 14 1932  
 19. UNDERTAKER Goodman, Volle  
 (ADDRESS) Boonville, Mo.  
 20. FILED Nov 12 1932 J. J. Russell  
 Registrar.

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide accident Date of injury 11-11-1932  
 Where did injury occur? Highway 40 - 10 miles west of Boonville  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. Public place  
 Nature of injury motor car accident  
 Nature of injury Skull fracture  
 24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) T. Beckett (coroner), M. D.  
 (Address) Boonville, Ind.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Cooper  
Township  
City Donville (No. ....)

Registration District No. 218  
Primary Registration District No. 3015

File No. ....  
Registered No. 109  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. .... St., .... 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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, .... 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)

MOTHER 13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED Nov 12 1932 G. A. Purcell Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 12 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19....

I last saw h. .... alive on ..... 19.... 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:

Skull fracture & other injury  
Other contributory causes of importance: 219

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide. Accident Date of injury ..... 19....

Where did injury occur? Highway 40 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury. Motor car

Nature of injury. Riding supposedly fire. Blast inj.

24. Was disease or injury in any way related to occupation of deceased? !

If so, specify.....

(Signed) G. A. Purcell M. D.

(Address) Donville

**SUPPLEMENTARY**

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.  
CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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