

OCT 5 1934

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

Do not use this space.

1. PLACE OF DEATH
 32 County St. Louis Registration District No. 260
 3 Township Central Primary Registration District No. 415.9
 1 City St. Louis (No.) St. Ward) (If nonresident, give city or town and State)

2. FULL NAME Jacqueline H. Lyons
 (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.

File No. 32379
 Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 9-1865

7. AGE YEARS 69 MONTHS 7 DAYS 23 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Missouri

13. NAME Abner Mayer

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

15. MAIDEN NAME Viranda Bonham

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

17. INFORMANT J. C. Lyons (ADDRESS) St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lincoln Co. Mo. DATE Sept 4, 1934

19. UNDERTAKER (ADDRESS) J. G. Lyons
St. Louis, Mo.

20. FILED Sept 4, 1934 Mary S. McMahill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1934 to Sept 2, 1934
 I last saw him alive on Sept 2, 1934. Death is said to have occurred on the date stated above, at 10:15 P.M.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of transverse colon Date of onset Oct 1932
46
 Other contributory causes of importance: 46

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? 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) C. Thomson, M.D.
 (Address) St. Louis, 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 OBTAINING INFORMATION THIS IS A PERMANENT RECORD

