APR 9 1937

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

Do not use this space.

791

10527

1003

3101

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

File No. 10527

Registered No. 3101

City SAINT LOUIS (No. 5865 CATES AVENUE, St. ..... Ward)

2. FULL NAME FRANCES ROBIETT LYON

(a) Residence, No. 5865 CATES AVENUE St., 5 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
FEMALE	WHITE	MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MONTAGUE LYON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 2nd 1872.

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
64	II	I7	

OCCUPATION

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

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) MARTINSBURG MISSOURI

FATHER

13. NAME THOMAS SMITH

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

MOTHER

15. MAIDEN NAME MARY FRANCES TURK

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

17. INFORMANT MONTAGUE LYON SR.
(ADDRESS) 5865 CATES AVE.

18. BURIAL, CREMATION, OR REMOVAL
PLACE VALHALLA CREMATORY DATE MARCH 22, 1937

19. UNDERTAKER C. B. LUPTON AND SONS
(ADDRESS) 4449 OLIVE STREET

20. FILED MAR 20 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 6, 1937, to March 18, 1937

that I saw her alive on March 18, 1937 Death is said to have occurred on the date stated above, at 9:30 a.m.

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

	Date of onset
Chronic myocarditis	1936
Cardiac failure	
Angina pectoris	1933

Other contributory causes of importance:

Chronic interstitial nephritis	1936
Arteriosclerosis	Few years
Large uterine fibroid	1916

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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? No
If so, specify .....

(Signed) Andrew Clark, M. D.

(Address) 3644 Hampton 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 NON-FADING INK—THIS IS A PERMANENT RECORD

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