MAY 20 1937

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

Do not use this space.

Dr Walsh

File No. 16341

Registered No. 0311

1. PLACE OF DEATH
County Greene — St Johns Hospital
Registration District No. 318
Township
Primary Registration District No. 2001
City Springfield Mo (No. St Johns Hosp 1 St. Ward)

2. FULL NAME Mrs Frances Lyons
(a) Residence, No. 1635 No Clay 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dan Lyons

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mch 10 1867

7. AGE ~~69~~ YEARS 70 MONTHS 1 DAYS 0 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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) Mo

FATHER
13. NAME Mr Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N Y

MOTHER
15. MAIDEN NAME N Y
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N Y

17. INFORMANT (ADDRESS) Joseph Murphy Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mary DATE April 13 1937

19. UNDERTAKER (ADDRESS) Lorraine Moneyer Springfield

20. FILED Apr 12 1937 Chas A George Mo Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/10 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-4 1937, to 4-10 1937
I last saw her alive on 4-10 1937 Death is said to have occurred on the date stated above, at 1050 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	4-4-37

Other contributory causes of importance:

Influenza	4-4-37

Name of operation none Date of
What test confirmed diagnosis? Physical Was there an autopsy? No

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) W. T. Walsh M. D.
(Address) Springfield 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.