

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

Do not use this space.

1389

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Rawley Primary Registration District No. 1002
 City Kansas City (No. 1002) Mercy Hospital St. _____ Ward _____

2. FULL NAME

LYMER, DORIS ANN 560
 (a) Residence, No. 5 St. _____ Ward. Boonville, Missouri
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-5-1937

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
2 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
 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) Boonville Mo

FATHER 13. NAME Wm R Lymer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper County Mo

MOTHER 15. MAIDEN NAME Dora Simmons

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper County Mo

17. INFORMANT Wm R Lymer
 (ADDRESS) Boonville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Removal to Boonville DATE Jan 1938

19. UNDERTAKER (ADDRESS) Stegner - Boonville Mo

20. FILED Jan 6 1938 M. M. Brown
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 6 1938

22. I HEREBY CERTIFY That I attended deceased from Dec. 29 1937 to Jan. 6 1938
 I last saw h. or a. alive on Jan. 6 1938 Death is said to have occurred on the date stated above, at 8:52 a.m.

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

Infected Spina Bifida Date of onset 12-1-37
159B

Other contributory causes of importance:

Name of operation Closure of Spina Bifida H-2937 Date of _____
 What test confirmed diagnosis Cerebral 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) C. E. Eldridge, M. D.
 (Address) Mercy Hosp. Kansas City, Mo
per Robert Brown

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.

RECEIVED

FEB. 1⁹ 1937

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MO. STATE BOARD OF HEALTH