REC'D SEP 6 1939

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

29301
Do not use this space.

1. PLACE OF DEATH
(a) County IRON 3 Registration District No. 309A
(b) Township 1 Primary Registration District No. 4229 Registered No.
(c) City Des Arc (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME HOA PEGGY ANNICE LYELL
(a) Residence, No. DES-ARC Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
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) NOVEMBER 23, 1936
7. AGE: Years 2 Months 8 Days 26 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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) ST. LOUIS (STATE OR COUNTRY) MISSOURI

FATHER
13. NAME ARTHUR D. LYELL
14. BIRTHPLACE (CITY OR TOWN) WEST FRANKFORT (STATE OR COUNTRY) ILLINOIS

MOTHER
15. MAIDEN NAME INA L. LOWE
16. BIRTHPLACE (CITY OR TOWN) DES ARC (STATE OR COUNTRY) MISSOURI

17. INFORMANT MRS I MEISSNER (ADDRESS) ST. LOUIS, MO.
18. BURIAL, CREMATION, OR REMOVAL PLACE Des Arc DATE 8/21 1939
19. FUNERAL DIRECTOR (NAME) Geo. P. Langford (ADDRESS) Ironton, Missouri
20. FILED 8-23 1939 MRS R H STEVENSON Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-19- 1939
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 6:30 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Injury Pick up automobile in which they were driving

Other contributory causes of importance: JDL

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? No
If so, specify X
(Signed) C. S. Jones, M. D.
(Address) Piedmont, Mo.

Licensed Embalmer's Statement on Reverse Side)

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 INK. ANSWERING THIS IS A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Geo. P. Lenckel, or by ....., Registered Apprentice No....., working under my personal supervision.

Signed Geo. P. Lenckel

Licensed Embalmer No. 3475

P. O. Address Ironton Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.