FEB MAR 1 - 1938

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

Do not use this space.

7274

File No.
Registered No.

1. PLACE OF DEATH
County McDonald Registration District No. 315
Township Prairie Primary Registration District No. 5687
City Southwest City Mo R#1 (No. , St. Ward)

2. FULL NAME Edith Cora Lyons

(a) Residence, No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 3 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Vade W Lyons

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 19th 1875

7. AGE: Years 62 | Months 8 | Days 12 | 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.: Housework
10. Date deceased last worked at this occupation (month and year): One Month
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cronoga Missouri (Jasper County)

FATHER
13. NAME: Ebenezer Westfall
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa

MOTHER
15. MAIDEN NAME: Hannah Brinbridge
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cook County Illinois

17. INFORMANT (ADDRESS): Vade W Lyons Southwest City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE: Southwest City Mo DATE: 1-2nd-1938

19. UNDERTAKER (ADDRESS): Nichols Brothers Southwest City Mo 462

20. FILED Jan 5 1938 John J. Nichols Registrar.

MEDICAL CERTIFICATE OF DEATH 1938

21. DATE OF DEATH (MONTH, DAY, AND YEAR): January ist 1938

22. I HEREBY CERTIFY, That I attended deceased from August 14th 1937 to December 26th 1937
I last saw her alive on December 26th 1937. Death is said to have occurred on the date stated above, at 2.50 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy (8 years ago)	

Other contributory causes of importance:
Organic Heart Disease

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) G V Poynor, M. D.
(Address) Southwest City Missouri

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.