

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

Do not use this space.

45485

**JAN 21 1937**

**1. PLACE OF DEATH**

County Marion  
Township Marion  
City Hannibal (No. 1 Main St)

Registration District No. 547  
Primary Registration District No. 3029

File No. \_\_\_\_\_  
Registered No. 902 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME Lyda Erickson**

(a) Residence, No. 1309 Russell St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17, 1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .....hrs. or .....min.
	<u>74</u>	<u>7</u>	<u>14</u>	

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

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) West Liberty Mo

13. NAME Harrison Hull

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

15. MAIDEN NAME Susian Pearson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no

17. INFORMANT Mrs. Susie DeRose (ADDRESS) 1. Main Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Grandview Burial Park DATE Dec. 4th 1936

19. UNDERTAKER Jayne O'Connell (ADDRESS) Hannibal Mo

20. FILED Dec 4 1936 J. C. Fisher Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1st 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1936, to Dec 1, 1936

I last saw him alive on Nov 30, 1936 Death is said to have occurred on the date stated above, at 4:15 a.m.

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

Lobar Pneumonia

Other contributory causes of importance:

Bronchitis

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) E. E. Salter, M. D.

(Address) Hannibal Mo

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.

