

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

Do not use this space.

15730

**1. PLACE OF DEATH**

County Monroe Registration District No. 547 File No. \_\_\_\_\_  
 Township Monroe Primary Registration District No. 3029 Registered No. 168  
 City Hammond (No. \_\_\_\_\_) St. Elizabeth Hospital Ward 6

**2. FULL NAME**

William W. Lister  
 (a) Residence, No. 1925 Bump St., 6 Ward. (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. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

Male White Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Hattie Lister

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

Oct. 7, 1874

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

53 7 14 — — —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

C. B. - Q

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Hammond, La.

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

G. T. Lister

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Madison Co. Missouri

12. MAIDEN NAME OF MOTHER

Mary Faulkner 23, 1827 (Address) Hammond, La.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Madison Co. Missouri

14. INFORMANT

Grantville T. Lister  
 (Address) Red Oak, Iowa

15. FILED

5-23, 1927 C. Strode  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-21-1927

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ 9:20 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Lobar Pneumonia

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No. DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) A. J. Farrell, M. D.

23, 1927 (Address) Hammond, La.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St. Mary's Cemetery, Shelburne, Iowa 5-23, 1927

20. UNDERTAKER

ADDRESS

James Donnell Hammond, La.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should be consulted EXACTLY. PHYSICIANS should be consulted EXACTLY. PHYSICIANS should be consulted EXACTLY.

