

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

Do not use this space.

16872

**1. PLACE OF DEATH**

County Newton  
Township Causeway  
City Newton

Registration District No. 612  
Primary Registration District No. 5814

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

**2. FULL NAME**

Mary Elizabeth Lister  
(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX FF 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (writes the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 31 - 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
65 3 26

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work 23 A  
(b) General nature of industry, business, or establishment in which employed (or employer) 108  
(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Ark =

10. NAME OF FATHER James C. Harmon  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Georgia  
12. MAIDEN NAME OF MOTHER Elizabeth Dexter  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Georgia

14. INFORMANT (Address) Martha E. Woodward  
Seacuff

15. FILED July 8 1930 U. P. M. O'G. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 26 1930

17. I HEREBY CERTIFY, That I attended deceased from March 1st, 1930 to May 26, 1930, that I last saw h. alive on May 26, 1930, and that death occurred, on the date stated above, at noon m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Acute Tuberculosis (Pul)  
(duration) yrs. 2 mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) Pleuro-Pneumonia in March  
(duration) yrs. \_\_\_\_\_ mos. 15 ds.

**18. WHERE WAS DISEASE CONTRACTED**

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

18A. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Phys. & Subjective signs  
(Signed) H. R. Clark, M. D.

May 19 30 (Address) Pine City, Mo

\*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

Day Valley Cemetery May 28 1930  
20. UNDERTAKER ADDRESS

John Hamel Jr Pine City  
Mo

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.

JUL 23 1930

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