

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

Do not use this space.

28520

1. PLACE OF DEATH

County Scott Registration District No. 820
 Township Sylva Primary Registration District No. 609
 City Oran (No.) St. Ward)

2. FULL NAME

Fannie Lyser
 (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 Female 4. COLOR OR RACE Caucasian 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ed Lyser
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 19 - 1890
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 10 6

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housekeeper
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Green Allen Mo

10. NAME OF FATHER Louis Lobmaster

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Mo

12. MAIDEN NAME OF MOTHER Fannie Crites

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Green Allen, Mo

14. INFORMANT Ed Lyser (Address) Oran Mo

15. FILED 9/9 1933 Wickman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/25 - 1933
 17. I HEREBY CERTIFY, That I attended deceased from 5/1st, 1933, to 8/25th, 1933 that I last saw h. 3p alive on 8/25 - 1933, and that death occurred, on the date stated above, at 1 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Preliminary Tuberculosis

CONTRIBUTORY (SECONDARY) 2 yrs. mos. ds.

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) H. S. Winters, M. D.

, 19 (Address) Oran 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 Breed Cemetery DATE OF BURIAL Aug 26 1933

20. UNDERTAKER P. J. Haesser & Co ADDRESS Oran 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.

SEP 26 1933

Date	Description	Debit	Credit
1950-01-01	Balance		
1950-01-15	Cash	100.00	
1950-01-20	Sales	200.00	
1950-01-25	Expenses	50.00	
1950-02-01	Total	250.00	250.00

1950-01-01

1950-01-15

100.00

1950-01-20

200.00

1950-01-25

50.00

1950-02-01

1950-01-01

1950-01-15

1950-01-20

1950-01-25

1950-02-01

1950-02-01

1950-02-01

1950-02-01

1950-02-01