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

Do not use this space. 36603

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 4525
Township Kaw — Primary Registration District No. 1002 — Registered No.
City K.C. Mo. (No. 3817 Smart St. Ward)

2. FULL NAME Charles Berlin Lyfarger "Lybarger"
(a) Residence, No. 3817 Smart 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 6, 1860

7. AGE: YEARS 73 — MONTHS 10 — DAYS 10 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Ill

FATHER
13. NAME Russell Lybarger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Sarah Forefoot
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Mrs B Bockting 1523 Lawn

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Washington DATE Nov 20 1933

19. UNDERTAKER (ADDRESS) Mrs. C. L. Forster 918 Brooklyn, K.C. Mo.

20. FILED 11-18 1933 M M Crowe asst Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 13, 1933, to Nov 16, 1933
I last saw him alive on Nov 16, 1933. Death is said to have occurred on the date stated above, at 10:05 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myo-cartilis | 2 dys |
| 930 | |
| 1934 | |

Other contributory causes of importance:

| | |
|---|---|
| Broncho-pneumonia | 3 dys |

Name of operation — Date of
What test confirmed diagnosis? Clinical — 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. W. Martin, M. D.
(Address) 6800 Winner Rd.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sho
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very im