

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

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

Do not use this space.

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1. PLACE OF DEATH
 County Cole Registration District No. 913
 Township _____ Primary Registration District No. 3614
 City Jefferson (No. _____) St. _____ Ward _____

2. FULL NAME John Henry Lister
 (a) Residence, No. 629 R. E. Campbell 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

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-23-1870

7. AGE YEARS 66 MONTHS 8 DAYS 24 IF LESS than 1 day, _____ hrs. or _____ min.

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

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 _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 7 - 1936

22. I HEREBY CERTIFY That I attended deceased from I did not attend deceased 19____
 I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 5:40 a.m.
 The principal cause of death and related causes of importance were as follows:
Skull fracture in motor car accident
leg arms & ribs fractured

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole County

13. NAME John Henry Lister

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

15. MAIDEN NAME Sarah Elizabeth Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

17. INFORMANT Lewis Lister (ADDRESS) G. C. No

18. BURIAL, CREMATION, OR REMOVAL PLACE Elston DATE Nov 9 1936

19. UNDERTAKER Dawson Samson (ADDRESS) G. C. No

20. FILED 11/14 1936 S. S. Bradford Registrar

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide Accident Date of injury 11-7-1936
 Where did injury occur? Jefferson City, Cole, Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury motor car accident
 Nature of injury fracture of skull

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Dr. P. E. Wearner
 (Address) Russellville Mo

NOT

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1. PLACE OF DEATH

County Cole

Registration District No. 213

File No.

Township

Primary Registration District No. 3014

Registered No. 308

City Jefferson City (No.)

St. Ward)

2. FULL NAME

John Henry Lister 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 m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, or or min. 66 8 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19.

19. UNDERTAKER (ADDRESS)

20. FILED 11/10/1934 Russellville Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 7 1936

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .

I last saw him alive on , 19 . Death is said to have occurred on the date stated above, at .m.

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

Skull fracture in motor car accident legs, arms, and ribs fractured

Date of onset

Other contributory causes of importance

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 Pedestrian

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr. R. E. Weaver M. D.

(Address) Russellville

S-40754