

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

39915
 Do not use this space.

1. PLACE OF DEATH **DEC 21 1938**
 (a) County **NEWTON** (b) Township **NEOSHO** (c) City **NEOSHO** (d) Street No. **4363** (e) Length of residence in city or town where death occurred **2** yrs. **1** mos. **4** ds. (f) How long in U. S., if of foreign birth? **2** yrs. **1** mos. **4** ds.

2. PRINT FULL NAME **736 MILDRED LOUISE LYSTER**
 (a) Residence, No. **736** St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **FEMALE** 4. COLOR OR RACE **WHITE** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **SINGLE**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **OCT 15, 1935**
 7. AGE YEARS **3** MONTHS **12** DAYS **12** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. **AT HOME**
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **SOUTHWEST CITY** (STATE OR COUNTRY) **MISSOURI**

13. NAME **VIRGIL LYSTER**
 14. BIRTHPLACE (CITY OR TOWN) **NEOSHO** (STATE OR COUNTRY) **MISSOURI**

15. MAIDEN NAME **CLEO MOSS**
 16. BIRTHPLACE (CITY OR TOWN) **KANSAS** (STATE OR COUNTRY)

17. INFORMANT **Virgil Lyster** (ADDRESS) **NEOSHO, MO**

18. BURIAL, CREMATION, OR REMOVAL PLACE **SARATOGA CEMETERY** DATE **10/28/38**

19. FUNERAL DIRECTOR (NAME) **THE BIGHAM MORTUARY** (ADDRESS) **NEOSHO, MO**

20. FILED **12-5** 19**38** **Unalva Salum** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 27, 1938**
 22. I HEREBY CERTIFY, That I attended deceased from **Oct 26, 1938, to Oct 27, 1938**
 I last saw him alive on **Oct 27, 1938** Death is said to have occurred on the date stated above, at **8 P. M.**
 The principal cause of death and related causes of importance were as follows:

Laryngeal Diphtheria Date of onset **Oct 25**
10
 Other contributory causes of importance:

Name of operation **none** Date of **.....**
 What test confirmed diagnosis? **Microscopy** Was there an autopsy? **No**

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? **No**
 If so, specify **.....**
 (Signed) **Melvin C. Bowman, M. D.**
 (Address) **Neosho, 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

J. E. Beahm, or by

Registered Apprentice No., working under my personal supervision

Signed *J. E. Beahm*

Licensed Embalmer No. *2689*

P. O. Address *Neoshio, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.