MAR 21 1939

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

Do not use this space.

7498

File No. 30

Registered No. 8

1. PLACE OF DEATH
County: Pike
Township: Calumet
City: Clarksville (No. ..... St. ..... Ward)
Registration District No. 685
Primary Registration District No. 4409

2. FULL NAME: Reuben Lyster

(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.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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): June 22-1867

7. AGE: Years 71 Months 7 Days 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
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): Pike Co Mo

FATHER
13. NAME: Alender Lyster
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Paris Ky

MOTHER
15. MAIDEN NAME: Mira Pennyale
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fredricksburg Va

17. INFORMANT (ADDRESS): Howard Renean Clarksville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Greenwood DATE: Feby 19, 1939

19. UNDERTAKER (ADDRESS): Hurey Carroll Clarksville Mo

20. FILED: Feb 25, 1939 H. H. Broadway Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1939, to Feb 17, 1939
I last saw him alive on Feb 17, 1939. Death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	2/16/39
Myocarditis	

Other contributory causes of importance:

General arteriosclerosis	History 2 yrs

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? — 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) E. M. Bartlett, M. D.
(Address) Clarksville, Mo.