

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.

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

Do not use this space.

APR 20 1936

10324

1. PLACE OF DEATH

County Henry
Township
City Deerwater (No. _____)

Registration District No. 367
Primary Registration District No. 4205

File No. _____
Registered No. 4 St. _____ Ward _____

2. FULL NAME Hester A. Lister

(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 24 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Edward Lister</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 15, 1866</u>				
7. AGE YEARS <u>78</u>	MONTHS <u>—</u>	DAYS <u>20</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	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 <u>life</u>	
12. BIRTHPLACE (CITY OR TOWN) <u>Warsaw</u> (STATE OR COUNTRY) <u>Centos Co. Mo.</u>				
MOTHER	13. NAME <u>Jeramiah Land</u>			
	14. BIRTHPLACE (CITY OR TOWN) <u>Georgia</u> (STATE OR COUNTRY)			
	15. MAIDEN NAME <u>Amanda Gaylord</u>			
	16. BIRTHPLACE (CITY OR TOWN) <u>Missouri</u> (STATE OR COUNTRY)			
17. INFORMANT <u>J. J. Russell</u> (ADDRESS) <u>Deerwater, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Deerwater</u> DATE <u>3-26</u> 19 <u>36</u>				
19. UNDERTAKER <u>Fred Wilkinson</u> (ADDRESS) <u>Centos Mo.</u>				
20. FILED <u>H-10</u> 19 <u>36</u>				

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-25 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-22 1936, to 3-25 1936

I last saw him alive on 3-24 1936. 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:

Bronchopneumonia

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 _____, 1936

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) J. J. Russell, M. D.

(Address) Deerwater, Mo.

