

1036

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. See instructions on back of certificate.

PLACE OF DEATH  
1. County Yuma  
District \_\_\_\_\_  
Town or City Hatcher

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF DEATH

State Index - - - No. 106  
County Registrar's - No. 53  
Local Registrar's - No. 50

2. FULL NAME Jimmie Lewis Lyster  
(a) Residence. No. Hatcher St. \_\_\_\_\_ Ward Hatcher  
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 <u>Male</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word) <u>Single</u>		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____				
6. DATE OF BIRTH (month, day and year) <u>4-16-1906</u>				
7. AGE	Years	Months	Days	IF LESS than 1 day _____ hrs. or _____ min.
<u>17</u>	<u>3</u>	<u>22</u>		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer				
<u>Student</u> <u>Home on farm</u>				
9. BIRTHPLACE (city or town) (State or country) <u>Hatcher, Ariz.</u>				
10. NAME OF FATHER <u>Robert E. Lyster</u>				
11. BIRTHPLACE OF FATHER (city or town) (State or country) <u>Yavapai, Ariz.</u>				
12. MAIDEN NAME OF MOTHER <u>Jula Lewis</u>				
13. BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Poughkeepsie, N.Y.</u>				

MEDICAL CERTIFICATE OF DEATH	
16. DATE OF DEATH (month, day, and year) <u>7/8 1923</u>	
17. I HEREBY CERTIFY, That I attended deceased from <u>June 8<sup>th</sup></u> , 1923 to <u>July 8<sup>th</sup></u> , 1923 that I last saw him alive on <u>7/8/1923</u> and that death occurred, on the date stated above, at <u>4:10</u> p.m. The CAUSE OF DEATH was as follows: <u>Pneumonia</u> <u>refused operation</u>	
18. Where was disease contracted (if not at place of death) _____	
Did an operation precede death? <u>yes</u> Date of _____	
Was there an autopsy? <u>no</u>	
What test confirmed diagnosis? <u>sp. aspirate</u>	
(Signed) <u>J. W. Morris</u> , M. D. (Address) <u>Hatcher</u>	

14. Informant (Address) R. P. Lyster  
15. Filed Aug 9, 1923 Hattie W. Schum Local Registrar.  
Filed Aug 9, 1923 W. S. No. 1

19. PLACE OF BURIAL, CREMATION OR \_\_\_\_\_ DATE OF BURIAL \_\_\_\_\_  
Hatcher  
20. UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_