

CERTIFICATE OF DEATH

FLORIDA

State File No. 6745
Registrar's No. 493

<p>1. PLACE OF DEATH:</p> <p>(a) County <u>Pinellas</u> District No. <u>3901</u></p> <p>(b) Precinct _____ Precinct No. _____ <small>(Write name, not number)</small></p> <p>(c) City or Town <u>St. Petersburg</u> City or Town No. <u>29511</u></p> <p>(d) Name of hospital or institution <u>1421-14th Street N.</u> <small>(If not in hospital or institution, write street number or location)</small></p> <p>(e) Length of stay: In hospital or institution _____</p> <p>At place of death <u>9 Months</u> <small>(Specify whether years, months or days)</small></p>	<p>2. USUAL RESIDENCE OF DECEASED</p> <p>(a) State <u>Illinois</u> (b) County <u>Rock Island</u></p> <p>(c) City or Town <u>Rock Island</u> <small>(If outside city or town limits, write RURAL)</small></p> <p>(d) Street No. <u>2100-26th Street</u> <small>(If rural, give location)</small></p> <p>(e) Citizen of Foreign country? <u>NO</u> <small>yes or no</small></p> <p><u>12</u> If yes, name country _____</p>
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3. FULL NAME OF DECEASED <u>MORRIS ELMER LISTER</u>			
3 (a) If veteran, name war <u>NO</u>		3 (b) Social Security No. <u>NO</u>	
4. Sex <u>Male</u>		5. Color or race <u>White</u>	
6. Single, married, widowed or divorced <u>Married</u>			
6 (a) If married, widowed or divorced, husband of (or) wife of <u>Hermine Anna Thode Lister</u>			
6 (b) Age of husband or wife, if alive <u>64</u> years			
7. Birth date of deceased <u>July 29th, 1881</u> <small>(month) (day) (year)</small>			
8. Age: Years	Months	Days	If less than one day
<u>65</u>	<u>7</u>	<u>27</u>	hrs. min.
9. Birthplace <u>Savana Illinois</u> <small>(City, town or county) (State or foreign country)</small>			
10. Usual occupation <u>Machine Operator</u>			
11. Industry or business <u>U. S. Arsenal</u>			
Mother	12. Name <u>Morris Lister</u>		
	13. Birthplace <u>England</u>		
	14. Maiden name <u>Mary Ann Law</u>		
Father	15. Birthplace <u>Illinois</u>		
	16. Informant's Signature <u>Hermine A. Lister</u>		
	16 (a) Address <u>2100-26th Str., Rock Island, Ill</u>		
17. Burial, cremation or removal <u>Chippianock Cemetery</u>			
17 (a) Date <u>4-5-47</u>		17 (b) Place <u>Rock Island, Illinois</u>	
18. Funeral Director's Signature <u>W. J. ...</u>			
18 (a) Address <u>The Palms Memorial, St. Pete, Fla</u>			
19. Filed <u>3-31-47</u> in <u>Chas. M. ...</u> Local Registrar			
MEDICAL CERTIFICATION			
20. Date of Death: Month <u>March</u> Day <u>27</u> Year <u>1947</u> Hour <u>7</u> Minute <u>40 P.M.</u>			
21. I hereby certify that I attended the deceased from <u>Jan-20-1947</u> To <u>Mar-27-1947</u> ; that I last saw him, alive on <u>Mar-27-1947</u> ; and that death occurred on the date and hour stated above.			
Immediate cause of death <u>Multiple Sclerosis</u>			Duration _____
Due to _____			
Due to _____			
Other conditions <u>_____</u> <small>(Include pregnancy within 3 months of death)</small>			
Major findings: _____ of operations _____			Underline the cause to which death should be charged statistically.
(Give date of operation) _____			
of autopsy _____			
22. If death was due to external causes, fill in the following:			
(a) (Probably) Accident, suicide, homicide (specify) _____			
(b) _____			
(c) Where did injury occur? _____ <small>(City or town) (County) (State)</small>			
Did injury occur in or about home, on farm, in industrial place, _____ in public place? _____ <small>(Specify type of place)</small>			
While at work? _____ (e) Means of injury _____			
23. Signature <u>W. J. ...</u> M. D.			
23 (a) Address <u>St. Petersburg</u>		Date Signed <u>3-29-47</u>	