1927

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

Do not use this space.

27805

1. PLACE OF DEATH

County: Marion — Registration District No.: 5747 — File No.:

Township: Mason — Primary Registration District No.: 3079 — Registered No.: 253

City: Hannibal (No. Levering Hospital St. C Ward)

2. FULL NAME: Viola Livers

(a) Residence. No. 448 South 7th St., 3 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Harley Livers

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 13 - 1885

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	42	—	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer): " "
(c) Name of employer: " "

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pike Co. Mo

PARENTS
10. NAME OF FATHER: B. Prewitt
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Georgia Dowell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Pike Co. Mo.

14. INFORMANT: Harley Livers (Address): Goss Mo.

15. FILED 9/19, 1927 C. E. Elsroth Registrar

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept. 17 - 1927

17. I HEREBY CERTIFY, That I attended deceased from 9-15, 1927, to 9-17, 1927, that I last saw h. alive on 9-16, 1927, and that death occurred, on the date stated above, at 6:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Lymphatic Leukemia
724
173 c

(duration) ? yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Fistula in ano (duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH: place of death
DID AN OPERATION PRECEDE DEATH? yes DATE OF 8-15-27
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Lab
(Signed) J. W. Vandeventy, M. D.
, 19 (Address) Hannibal Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Paris Mo. — DATE OF BURIAL: Sept. 19 - 1927

20. UNDERTAKER: Schwartz Funeral Home — ADDRESS: Hannibal

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.