

OCT 29 1927

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

Do not use this space.

29402

1. PLACE OF DEATH

County Wright
Township Pleasant Hill
City Manfield

Registration District No. 907
Primary Registration District No. 6220

File No.
Registered No. 18
St. Ward)

2. FULL NAME

Susan Jane Livingston
(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. 14 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♀ 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Livingston

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 13, 1838

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
88 11 12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
(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) Greene Co Missouri

10. NAME OF FATHER

Bernhard Alsup

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER

Nancy Thomas

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Unknown

14.

INFORMANT Mrs Martha Calmes
(Address) Call City, Mo.

15.

FILED Sept 27 1927 J. A. Fuson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 25 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1927, to Sept 25, 1927, that I last saw her alive on Sept 25, 1927, and that death occurred, on the date stated above, at 8:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza
112
62 MB (duration) yrs. mos. 4 ds.

CONTRIBUTORY Old age
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

8 DID AN OPERATION PRECEDE DEATH,

WAS THERE AN AUTOPSY,

WHAT TEST CONFIRMED DIAGNOSIS,

(Signed) J. A. Fuson M. D.

Sept 26, 1927 (Address) Manfield Mo

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Denlow Cemetery Sept 27 1927

20. UNDERTAKER

ADDRESS

J. A. Stoffe Manfield Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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