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

Do not use this space.

32530

1. PLACE OF DEATH
County Vernon — Registration District No. 875 — File No.
Township [illegible] — Primary Registration District No. 3039 — Registered No. 196
City Nevada Mo. (No. ..... St. ..... Ward)

2. FULL NAME John Williams Tivis
(a) Residence No. 525 W. Maple St. 4 Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 4 yrs. — mos. 4 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Moraguey Tivis

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 14 - 1856

7. AGE: 71 YEARS — MONTHS: 0 — DAYS: 22 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Tipton Mo
(STATE OR COUNTRY): Cooper County.

PARENTS
10. NAME OF FATHER: Homan Tivis
11. BIRTHPLACE OF FATHER (CITY OR TOWN): D K
(STATE OR COUNTRY): D K
12. MAIDEN NAME OF MOTHER: Margaret Fry
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): D K
(STATE OR COUNTRY): D K

14. INFORMANT: Lucie Ann Simmons
(Address): Walker Mo.

15. FILED: 11/7, 1927 E. R. King
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 7 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 6 1927 to Oct 7 1927 that I last saw ~~[illegible]~~ alive on Oct 26 1927, and that death occurred, on the date stated above, at 3 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Acute Miocarditis
(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY): Acute indigestion
(duration) yrs. mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at home
DID AN OPERATION PRECEDE DEATH? no DATE OF ✓
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam
(Signed) J. W. Lowe, M. D
10-9, 1927 (Address) Nevada 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: Mt Vernon Cemet — DATE OF BURIAL: Oct 8 - 1927

20. UNDERTAKER: Terry Funeral Home — ADDRESS: Nevada Mo

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.

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1926
1864
1862

1927
1864
63

19