

JAN 28 1929

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

Do not use this space.

40458

1. PLACE OF DEATH

County Jackson
Township Blue
City Fairmount

Registration District No. 392
Primary Registration District No. 5554

File No.
Registered No. 455
St. Ward)

2. FULL NAME

(a) Residence. No. 118 So. 1st 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 30 - 1927

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
0 11 23 2 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) none
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Fairmount
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Everett H. Liffin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Stamper
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Beat E. Hodges

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Waco
(STATE OR COUNTRY) Texas

14. INFORMANT R. H. Liffin
(Address) 118 So. 1st

15. FILED 12 25 28 F. P. Cook
REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 23 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1928, to Dec. 23, 1928, and that death occurred, on the date stated above, at 4:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
9 Bronchial Pneumonia
11A Whooping Cough
107A

CONTRIBUTORY (SECONDARY) Influenza
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

0 Did AN OPERATION PRECEDE DEATH. no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) C. E. Nickerson per Collins M.D. M. D.

*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.
Desy 19 28 (address) Med. Arts Coll. Ind. Ind. Ind.

19. PLACE OF BURIAL, CREMATION OR REMOVAL Mound Grove DATE OF BURIAL 12-24-1928

20. UNDERTAKER C. Carson & Son ADDRESS Indy, 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.

1912