

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

Do not use this space.

12362

1. PLACE OF DEATH

County.....
Towship.....
City St. Louis (No. 3320 Wisconsin)

Registration District No. 791
Primary Registration District No. 1003

File No.
Registered No. 2882
St. Ward)

2. FULL NAME

Jarothy Liddens
(a) Residence. No. 3320 Wisconsin St., 24 Ward.

(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 2 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE OF W. L. Liddens

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 19 - 1895

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	33	11	17	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work housework
(b) General nature of industry, business, or establishment in which employed (or employee) at home
(c) Name of employer

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

10. NAME OF FATHER John Hamby

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

12. MAIDEN NAME OF MOTHER Sarah Roberts

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

14. INFORMANT W. F. Liddens
(Address) 3320 Wisconsin

15. FILED Max C. Starnes REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 5 1929

17. I HEREBY CERTIFY That I signed deceased from Jan 16 1929 to March 4 1929 that I last saw h. alive on March 5 1929 and that death occurred, on the date stated above, at G.A.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Robert Cummings
CONTRIBUTORY (SECONDARY) Dent's Endocarditis
(duration) yrs. mos. da. 15

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

DID AN OPERATION PRECEDE DEATH? DATE OF

WHAT TEST CONFIRMED DIAGNOSIS

3/15 (Signed) Adolph J. Meyer M. D.
, 1929 (Address) Brookline

*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 Licking Missouri DATE OF BURIAL March 10 1929

20. UNDERTAKER Kriegshauser & Co ADDRESS 4110
Manchester

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.

235

Cherokee

10-11.30

2-3

2-2

10-11.30

2-3