MAR 25 1930

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

Do not use this space.

1. PLACE OF DEATH
County: Butler — Registration District No. 925 — File No. 4225
Township: Ash Hill — Primary Registration District No. 5-134 C — Registered No. 41
City: Fisk (No. ..... St. ..... Ward)

2. FULL NAME: Thomas Nathaniel Livers

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred X yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 14, 1930

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
			6.	

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

9. BIRTHPLACE (CITY OR TOWN) Fisk
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Patrick L. Livers
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Morgan Fld
(STATE OR COUNTRY) Ky.
12. MAIDEN NAME OF MOTHER Kathlyn Reeves
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Campbell
(STATE OR COUNTRY) Mo

14. INFORMANT Patrick L. Livers
(Address) Fisk Mo.

15. FILED 3/8, 1930 Beatrice Greathouse
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 20 1930

17. I HEREBY CERTIFY, That I attended deceased from 2-18, 1930, to 2-20, 1930, that I last saw h. ..... alive on 2-20, 1930, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Heart Disease
Grippe
(duration) ..... yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) B. Greathouse M. D
3/8, 1930 (Address) Fisk 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: Ash Hill — DATE OF BURIAL: Feb 20 1930
20. UNDERTAKER: J. W. Mauin — ADDRESS: Fisk 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.