

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

Do not use this space.

6802

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis Mo. (No. Sanitarium) St. _____ Ward _____

File No. _____
 Registered No. **1638**

2. FULL NAME

Mary G. Livingston
 (a) Residence, No. 3409 Meramec St. 13 Ward. _____
 (Usual place of abode) _____ (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 19 yrs. - mos. ds. 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 18, 1880.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>50</u>	<u>-</u>	<u>26</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Unknown
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Monroe County
 (STATE OR COUNTRY) Illinois

10. NAME OF FATHER Dr. G. P. Livingston

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

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) County Louth
 (STATE OR COUNTRY) Ireland

14. INFORMANT William T. Gutter, M.D.
 (Address) 5400 Arsenal St.

15. FILED FFB 76 1933 Wm C. Miller
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/14 1930

17. I HEREBY CERTIFY, That I attended deceased from July, 1929, to Febr 14, 1930 that I last saw him alive on Febr 14, 1930, and that death occurred, on the date stated above, at 3:10 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Status Epilepticus
85

(duration) 0 yrs. 0 mos. 1 ds.

CONTRIBUTORY Epilepsy
 (SECONDARY)

(duration) 8 yrs. 10 mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Unknown

19. DID AN OPERATION PRECEDE DEATH? N.O. DATE OF _____

20. WAS THERE AN AUTOPSY? N.O.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) William T. Gutter, M. D.

2/14, 1930 (Address) 5400 Arsenal St

*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 St. Peter & Paul DATE OF BURIAL 2-17 1930

20. UNDERTAKER Southern ADDRESS 6320
S. Grand Blvd

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

15-1-262

