

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

Do not use this space.

1503

**1. PLACE OF DEATH**

County Jackson Registration District No. 6  
 Township Kaw Primary Registration District No. 5  
 City Kansas City (No. General Hospital)

File No. 205  
 Registered No. 205 (Ward)

**2. FULL NAME** Hubert Livingston

(a) Residence. No. 2714 East 79th Street St. 16 Ward. 16  
 (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. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 29, 1886

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
44 1 22

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Driller 254  
 (b) General nature of industry, business, or establishment in which employed (or employer) Gas & Oil  
 (c) Name of employer

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

10. NAME OF FATHER Wm. D. Livingston

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

12. MAIDEN NAME OF MOTHER Arzona Casselman

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

14. INFORMANT Mrs. Mamie Livingston  
 (Address) 2714 East 79th Street

15. FILED 1-23-31 M. M. Crowe REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 21 1931

17. I HEREBY CERTIFY, that I attended deceased from 10:30 P, 1931, to 10:30 P, 1931, and that I last saw h. alive on 10:30 P and that death occurred, on the date stated above, at 10:30 P m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

accidental Street Car  
fracture skull  
20871  
 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Arteriosclerosis he was  
Smoking Collected into Street Car  
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH: Wash DC  
 DID AN OPERATION PRECEDE DEATH? No DATE OF 1/23/31  
 WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy  
 (Signed) Charles M. Hael, M. D.  
1/23/31 (Address) 2714 East 79th Street

\*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 Baxter Springs, Kansas DATE OF BURIAL 1-24-309

20. UNDERTAKER R. V. Lindsey & Sons, Inc. ADDRESS K. C. Mo.

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

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.

MARGIN RESERVED FOR BINDING

