

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

Do not use this space.

15081

**1. PLACE OF DEATH**

108 County Vermon  
Township Deerfield  
City Deerfield (No. ....)

Registration District No. 870  
Primary Registration District No. 6182

File No. ....  
Registered No. ....  
St. .... Ward

**2. FULL NAME**

John Wesley Lively  
(a) Residence No. 30 years St. .... Ward. ....  
(Usual place of abode)

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Husband of Margaret Lively

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 14 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
66 11 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eldersville Ill

FATHER 13. NAME Daniel Lively

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

MOTHER 15. MAIDEN NAME Elizabeth Ann Beckett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

17. INFORMANT (ADDRESS) Margaret Dave Lively Nevada Mo RFD # 7

18. BURIAL, CREMATION, OR REMOVAL PLACE Deerfield Cemetery DATE April 5 1932

19. UNDERTAKER (ADDRESS) Henry Boser Nevada Mo

20. FILED April 27 1932 Mrs. Brinn Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7 1932

22. I HEREBY CERTIFY, that I attended deceased from 1932 to 1932, 19.....

I last saw him alive on April 1 1932 Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

Paresis arteriosclerosis  
Date of onset 83  
Other contributory causes of importance: 77

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) D. B. Brinn M. D.  
(Address) Deerfield 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.

