

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

Do not use this space.

22706 ✓  
File No. \_\_\_\_\_  
Registered No. 227  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County Jackson Registration District No. 398  
Township Blue Primary Registration District No. 5354  
City Fairmount Station 101 So. Willow, ave. St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

George Liffon  
(a) Residence, No. 101 So. Willow 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 Male 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lila M. Liffon  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 8 - 1878  
7. AGE YEARS 54 MONTHS 2 DAYS 04 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor 17 1/2  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stoked oil  
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) Mo.

13. NAME Flanda Liffon

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

15. MAIDEN NAME Susan Leouler

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

17. INFORMANT Mrs. L. L. Liffon  
(ADDRESS) 101 So. Willow, ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodland Ind. DATE 7-14-32

19. UNDERTAKER (ADDRESS) Mrs. C. L. Forster  
918 Broadway, ave.

20. FILED July 13, 1932 J. H. Cook Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July - 12 - 1932

22. I HEREBY CERTIFY That I attended deceased from Feb 1 1931 to July 12 1932

I last saw him alive on July 12 1932 Death is said to have occurred on the date stated above, at 2 P.M.

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

Mitral insufficiency Date of onset Jan 1, 1931  
92A  
71A  
97

Other contributory causes of importance: Arteriosclerosis Date of onset Jan 1, 1931  
Arterio Sclerosis Date of onset Jan 1, 1931

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? Observation Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury \_\_\_\_\_

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? No

If so, specify \_\_\_\_\_

(Signed) Plattahan M. D.  
(Address) 6900 Washington  
Kenosha, Wis.

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.

AMS 24 1932

6900 Washington Park. Be 0830  
5111 Independence 0293