

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

Do not use this space.

28570

**1. PLACE OF DEATH**

County Buchanan Registration District No. 85  
 Township..... Primary Registration District No. 1001  
 City St. Joseph, (No. 1606 July) St. .... Ward)

File No.....  
 Registered No. 930

**2. FULL NAME John S. Livingston,**

(a) Residence, No. .... St., .... Ward. Grant city, Mo.  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed,  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rosa E. Livingston  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8, 1858  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
74 5 19

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer,  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm,  
 10. Date deceased last worked at this occupation, (month and year) Sept. 1912 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Plattsburg, Missouri, /

FATHER  
 13. NAME Unknown,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, 31

MOTHER  
 15. MAIDEN NAME Unknown,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown,

17. INFORMANT Mrs Glenn Harrington  
 (ADDRESS) 1606 July Street,

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Grant City, MO DATE Sept. 29, 1932

19. UNDERTAKER Heaton-Bell & Bowman  
 (ADDRESS) 319 S. 10th St. Funeral Home

20. FILED SEP 28 1932 John H. Bender, Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 27, 1932

22. I, HEREBY CERTIFY, That I attended deceased from Sept 24, 1932, to Sept 27, 1932  
 I last saw him alive on Sept 26, 1932 Death is said to have occurred on the date stated above, at 12:30 p.m.  
 The principal cause of death and related causes of importance were as follows:

Embolism (Cerebral) Sept 23  
92A  
92A  
 Other contributory causes of importance: Myocardial Regurgitation ?

Name of operation Cholec Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? no

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? No  
 If so, specify.....  
 (Signed) Joseph Mo M. D.  
 (Address).....

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.

OCT 24 1932

