

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

Do not use this space.

**36774**

**1. PLACE OF DEATH**

87 County Ralls Registration District No. 426  
Township Spencer Primary Registration District No. ~~4472~~  
City (No. 5957)

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Walter Birch Liners

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rebecca Liners</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 14 - 1874</u>		
7. AGE	YEARS <u>58</u>	MONTHS <u>8</u>
	DAYS <u>25</u>	If LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	11. Total time (years) spent in this occupation <u>11</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pike Co</u>	
	13. NAME <u>Claiborne Liners</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Stalls Co</u>	
	15. MAIDEN NAME <u>Flawrence Akers</u>	
MOTHER FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
	17. INFORMANT <u>Mellie Liners</u> (ADDRESS) <u>Center</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cinet</u> DATE <u>Mar 11</u> 19 <u>32</u>		
19. UNDERTAKER <u>W. H. Church</u> (ADDRESS) <u>Center</u>		
20. FILED <u>11 9</u> 19 <u>32</u> <u>Sylvester Ragan</u> Registrar.		

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 9 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 9 1932, to Nov 9 1932.  
I last saw him alive on Nov 7 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:  
Date of onset \_\_\_\_\_

Some Abat trouble with parosities of Cecum & H. Colic.  
55 B  
11 8 2 A Indigestion

Other contributory causes of importance:  
1 0 1

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? None 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) W. D. Waters, M. D.  
(Address) New London, Mo.

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

NOV 28 1932

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.

