

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

Do not use this space.

39489

1. PLACE OF DEATH

47 County Trou
Township Areadia
City _____ (No. _____) _____ St. _____ Ward _____

Registration District No. 391
Primary Registration District No. 5546a

File No. _____
Registered No. 53

2. FULL NAME

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

Length of residence in city or town where death occurred 10 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

SEX <u>♂</u>	COLOR OF RACE <u>White</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 28 - 1862</u>		
AGE YEARS <u>70</u>	MONTHS <u>June</u>	DAYS <u>22</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>Merchant</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Merchant</u>	
	10. Date deceased last worked at this occupation (month and year) <u>7.9.31</u>	
11. Total time (years) spent in this occupation <u>9</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Belleveur Mo.</u>		
FATHER	13. NAME <u>Chas. Joseph Liggitt</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Philadelphia Pa.</u>	
MOTHER	15. MAIDEN NAME <u>Mary Sutton</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Near Fronton Mo.</u>	
17. INFORMANT (ADDRESS) <u>Franklin Mo. Chas. Liggitt</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>near Belleveur</u> DATE <u>Dec 22 1932</u>		
19. UNDERTAKER (ADDRESS) <u>M. R. White & Sons, Fronton</u>		
20. FILED <u>Dec 21 1932</u> <u>R. A. Raabe</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 20 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 9 p.m.

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

T.B.
Tuberculosis
Hemorrhage of lungs
23A
23B

Date of onset _____

Other contributory causes of importance: None (5)

Name of operation None 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) Robert Wesley Coopers
(Address) Fronton, 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.

JAN 23 1933

