

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

Do not use this space.

40430

1. PLACE OF DEATH  
County Lafayette Registration District No. 466  
Township Holey Primary Registration District No. 36220  
City Wellington (No. 3 Miles South Wellington St. Ward) File No. \_\_\_\_\_  
Registered No. 20

2. FULL NAME Emelia Livingston  
(a) Residence, No. 3 Miles S. Wellington 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
(write the word)  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1-1867  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
65 11 23

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

12. BIRTHPLACE (CITY OR TOWN) Clyton (STATE OR COUNTRY) Missouri

13. NAME Mrs F. Darter

14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Peggy Livingston

16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Vera Paulson (ADDRESS) 1226 Appleton

18. BURIAL, CREMATION, OR REMOVAL PLACE Monroe Grove DATE Dec 27 1932

19. UNDERTAKER George Funeral Home (ADDRESS) Independence Mo

20. FILED \_\_\_\_\_ 19 \_\_\_\_\_ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 24 1932  
22. I HEREBY CERTIFY, That I attended deceased from Dec 17 1932 to Dec 24 1932  
I last saw him alive on Dec 23 1932 Death is said to have occurred on the date stated above, at 8206  
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis  
23 9 5  
Other contributory causes of importance: Hemorrhage (1)  
Date of onset 1917

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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) F. M. Mays M. D.  
(Address) Wellington, 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.

