

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.

APR 21 1933

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

Do not use this space.

8504

1. PLACE OF DEATH

County B Boone Registration District No. 73
 Township Columbia Primary Registration District No. 3006
 City Columbia (No.) St. Ward

File No.
 Registered No. 43

2. FULL NAME

Charles Madison Livesay
 (a) Residence, No. 1617 Base St. Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. 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 Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Theresa E. Livesay

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 17 1894

7. AGE YEARS 33 MONTHS 5 DAYS 11 If LESS than 1 day, 13 hrs. or 15 min.

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.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) Nashville (STATE OR COUNTRY) Washington Co. Illinois

13. NAME John Westley Livesay

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

15. MAIDEN NAME Elizabeth Livesay

16. BIRTHPLACE (CITY OR TOWN) Washington Co. Illinois (STATE OR COUNTRY)

17. INFORMANT 1617 Base Ave (ADDRESS) Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Barlow DATE Mar 3 1933

19. UNDERTAKER Thos. McHardy (ADDRESS) Columbia, Mo.

20. FILED 3/21 1933 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 27 1933, to March 1 1933
 I last saw h. 3:15 a.m. March 1, 1933. Death is said to have occurred on the date stated above, at 3:15 a.m.

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

Acute Indigestion and complications of Heart
1200 118
 Other contributory causes of importance: Chronic condition of Stomach and Bowels and age

Date of onset 2/24/33
 How long

Name of operation 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) D. W. Tom Hardy M. D.
 (Address) Columbia, Mo.

