CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

9521

1. PLACE OF DEATH

County Jackson — Registration District No. 889 — File No.

Township Kaw — Primary Registration District No. 1008 — Registered No. 1117

City Kansas City (No. 1216 Armour Blvd. St. Ward)

2. FULL NAME Gurnest W. Livingston

(a) Residence, No. 1216 Armour Blvd. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Emma Livingston

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4th. 1895

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
37	10	X	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home Ldy. Equipment Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

FATHER

13. NAME O.B. Livingston

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER

15. MAIDEN NAME Mrs. Clara Bolton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT Harold Livingston
(ADDRESS) R.R. #6 Rosedale

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Moriah Crem DATE Mch 7 1933

19. UNDERTAKER W.F. Mayberry
(ADDRESS) City

20. FILED 3/7 1933 M.M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/5/33, 19

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19..., to ..., 19...

I last saw him alive on ..., 19... Death is said to have occurred on the date stated above, at 11:20 A.M.

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

Coronary Thrombosis — Date of onset

Myocardial Infarction

Other contributory causes of importance:

Name of operation no — Date of

What test confirmed diagnosis Autopsy — Was there an autopsy? yes

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?

If so, specify

(Signed) [signature] M.D.

(Address) Deputy Coroner