

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

Do not use this space.

16153 *PH*

1. PLACE OF DEATH

County Douglas Registration District No. 280
 Township Champion Primary Registration District No. 2381
 City Smith (No. Edg 272-8165) St. _____ Ward _____

2. FULL NAME

Elizabeth Livingston
 (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 6 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 (write the word)
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jack

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-20-1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
70 6 5

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

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

MOTHER FATHER 13. NAME James Buckley

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

MOTHER 15. MAIDEN NAME Mary M

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 3-29-34 Henry Burke Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-25-1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw her alive on 5-10-1935. Death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:

Cancer of Stomach
46 yrs
69K
46
 Other contributory causes of importance: Toxemia
 Date of onset

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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.

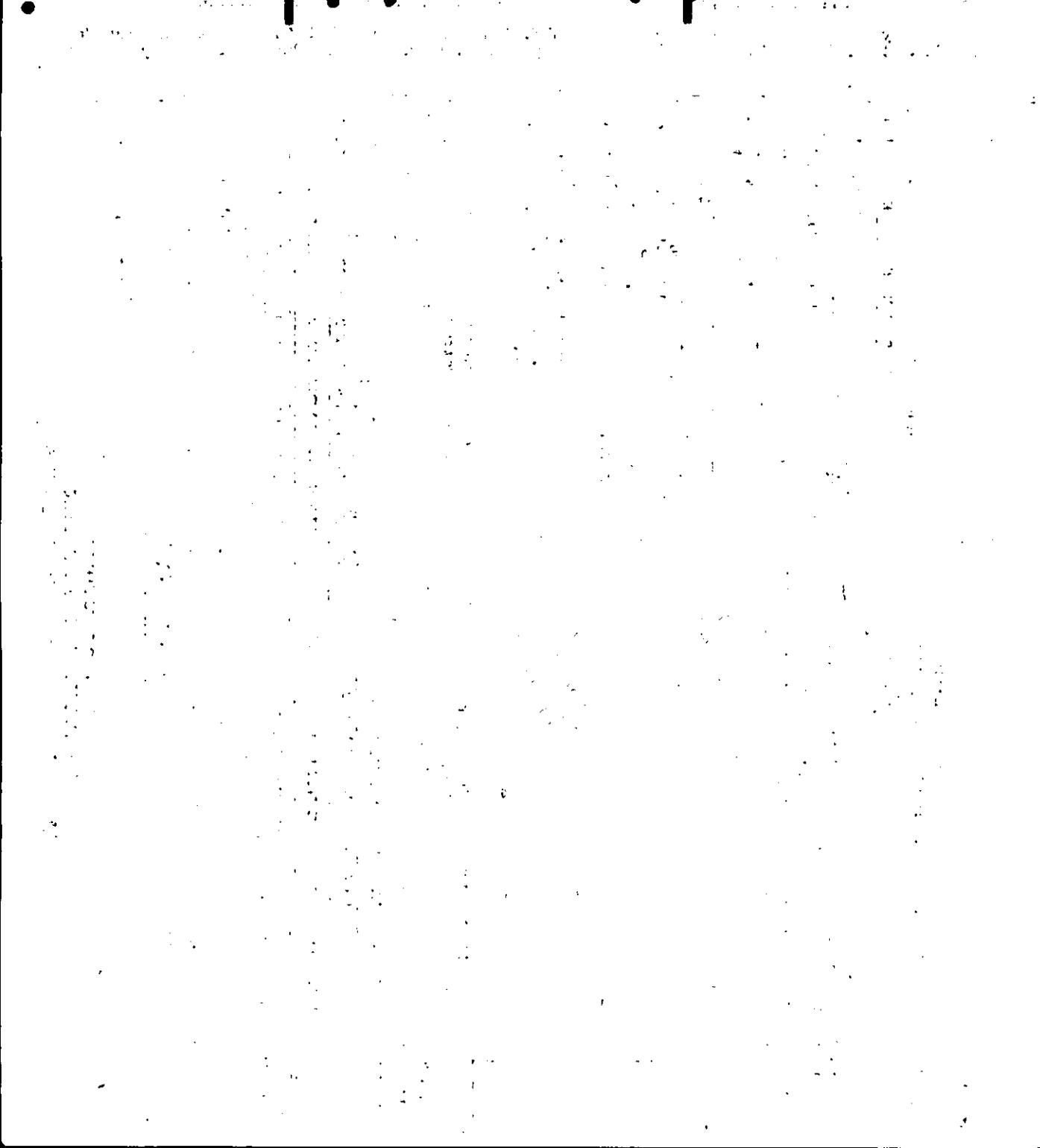
Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____ (Signed) M. C. Bentley, M. D.
 (Address) ava, mo.

no J. P. ... Dist 280. moved to Calif.

WHITE 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.



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Ray Registration District No. 280
Township Chatham Primary Registration District No. 2391
City (No.) St. Ward)

File No.
Registered No. 1

2. FULL NAME

Elizabeth Livingston
(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 H 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jack L.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-20-1862
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 6 3

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Frederick, Indiana

13. NAME James A. Quisenberry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Frederick, Indiana

15. MAIDEN NAME Mary Ann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Frederick, Indiana

17. INFORMANT (ADDRESS) Wm. E. Roy

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19..

19. UNDERTAKER (ADDRESS) Wm. E. Roy

20. FILED June 9, 1934 Wm. E. Roy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from, 19...., to, 19....
I last saw her alive on, 1933. Death is said to have occurred on the date stated above, at m.
The principal cause of death, and related causes of importance were as follows:
Overdose of Strychnine
Date of onset

Other contributory causes of importance: 46
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) Wm. E. Roy, M. D.
(Address) Wm. E. Roy

WHITE 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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

S-16153-A