

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 4 1934

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

Do not use this space.

103

1. PLACE OF DEATH

County Stoddard Registration District No. 826

Township Liberty Primary Registration District No. 6099a

City Berwick (No. _____) St. _____ Ward _____

2. FULL NAME Mary J. 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.

38827

File No. 58

Registered No. 58

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert R Livingston

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-6-1860

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>73</u>	<u>5</u>	<u>3</u>	

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) Famestown Tenn

13. NAME David Conatser

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Famestown Tenn

15. MAIDEN NAME Malissie Conatser

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Famestown Tenn

17. INFORMANT Pearl Livingston
(ADDRESS) Berwick Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Berwick Mo DATE 11-9 1933

19. UNDERTAKER B. M. Hopkins
(ADDRESS) Berwick Mo

20. FILED Nov 9 1933 Wm. Bruce Allow
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/8 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-30, 1931, to 11-8, 1933

I last saw h. alive on 11-7, 1933 Death is said to have occurred on the date stated above, at 9:00 a.m.

The principal cause of death and related causes of importance were as follows:
Aortic Aneurysm Date of onset 1-30-31

96
162

Other contributory causes of importance:
Semiprobable

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) V. F. Kessler, M. D.
(Address) Berwick, Mo

