FEB 31 1934

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

Do not use this space.

227

85

1. PLACE OF DEATH
County Buchanan — Registration District No. 4001 — File No.
Township — Primary Registration District No. — Registered No. 4
City St. Joseph, (No. 1924 South 17th. St. Ward)

2. FULL NAME William Wilbert Liggett,
(a) Residence, No. 1924 South 17th. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? 4 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clara E. Liggett,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 12th. 1855
7. AGE: YEARS 78 — MONTHS 2 — DAYS 28 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General
10. Date deceased last worked at this occupation (month and year) Janaury 1934
11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Middletown, Pennsylvania,

FATHER
13. NAME William Liggett,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington County, Pennsylvania,

MOTHER
15. MAIDEN NAME Sarah Mulholland,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Pennsylvania,

17. INFORMANT (ADDRESS) Mrs Wm W. Liggett 1924 South 17th St.
18. BURIAL, CREMATION, OR REMOVAL PLACE Harrisonville, Mo. DATE Jan. 14 1934
19. UNDERTAKER (ADDRESS) Heaton-Bergole & Bowman 319 S. 10th St. Tungsten Home
20. FILED 1-12 1934 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 10, 1934
22. I HEREBY CERTIFY, That I attended deceased from Past Several months 19.., to 1/10 1934
I last saw him alive on 1/10 1934. Death is said to have occurred on the date stated above, at 10:00 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Myocardial incompetency
Mitral Stenosis — unknown
92A
112
93D

Other contributory causes of importance:
Chronic Bronchitis
Asthma — unknown

Name of operation None Date of
What test confirmed diagnosis? Physical 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. P. Walker, M. D.
(Address) Mercy Hospital