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.

AUG 11 1934

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

Do not use this space.

File No. 28134

Registered No. 27

1. PLACE OF DEATH

County: Wright

Township: Pleasant Valley

City: Mansfield (No. ..... St. ..... Ward)

Registration District No. 709 907

Primary Registration District No. 4548

2. FULL NAME: John M. Livingston

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

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: M

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: Nellie Livingston

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 24-1864

7. AGE: Years 69 | Months 7 | Days 7 | 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.:

10. Date deceased last worked at this occupation (month and year): Dec 1933

11. Total time (years) spent in this occupation: 50 yr.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Evansville Ind. England

FATHER

13. NAME: Thomas Livingston

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

MOTHER

15. MAIDEN NAME: Susan Olsup

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

17. INFORMANT (ADDRESS): Donald Livingston

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mansfield Cem. DATE: Aug 2 1934

19. UNDERTAKER (ADDRESS): F. E. Leffler Mansfield

20. FILED: Aug 8 1934 Amos C. Roy. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 31 1934

22. I HEREBY CERTIFY: That I attended deceased from May 1 1934 to July 31 1934

I last saw him alive on July 28 1934. 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:

	Date of onset
Chronic nephritis	Dec 4
131	

Other contributory causes of importance:

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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) J. A. Turner, M. D.

(Address) Mansfield Mo