

NOV 19 1934

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

Do not use this space.

35546

89

1. PLACE OF DEATH

County Madison  
Township Liberty  
City Liberty (No. 3016)

Registration District No. 201  
Primary Registration District No. 5280

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. Arthur St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. da. 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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L. G. Dorsett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13-1857

7. AGE YEARS 77 MONTHS 3 DAYS 2 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homemise  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for see  
10. Date deceased last worked at this occupation (month and year) 2 weeks 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co. Pa.

13. NAME Anderson Liggett

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

15. MAIDEN NAME Darah Hedington

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va.

17. INFORMANT (ADDRESS) John Liggett, Piquette mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty, mo DATE 10/17/34

19. UNDERTAKER (ADDRESS) Church, Archer co. Liberty, mo

20. FILED 10/17 1934 E. T. Brown Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 15 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 29, 1929 to Oct 15, 1934  
I last saw her alive on Oct 15, 1934 Death is said to have occurred on the date stated above, at 5:00 p.m.  
The principal cause of death and related causes of importance were as follows:

Decomposition  
Mitral Regurgitation 1929

Other contributory causes of importance: 9250 920

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) Burton Malley, M. D.  
(Address) Liberty Mo.

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.

