

MAY 21 1935

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

Do not use this space.

11945

## 1. PLACE OF DEATH

County BooneRegistration District No. 73Township ColumbiaPrimary Registration District No. 5112

City.....

(No. ....)

St. .... Ward)

File No. ....

Registered No. 872. FULL NAME Thomas Liddle(a) Residence, No. Route 2

St. .... Ward. ....

(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

Male

## 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 OFHelen Thompson Liddlelast saw h. alive on Jan 31, 1935, to Jan 31, 19356. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-17-1846

## 7. AGE

YEARS 88MONTHS 7DAYS 5

IF LESS than 1 day, ..... hrs. or ..... min.

## OCCUPATION

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

Retired

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)

Scotland

## 13. NAME

Peter Liddle

## 14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Scotland

## 15. MAIDEN NAME

Don't Know

## 16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Don't Know

## 17. INFORMANT

(ADDRESS)

John Liddle  
Route 2, Columbia, Mo

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Chaw Grove DATE Apr. 24, 1935

## 19. UNDERTAKER

(ADDRESS)

Parker Furniture Co  
Columbia, Mo20. FILED 4/24/1935Allie Selby  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-22, 193522. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1935, to Jan 31, 1935to have occurred on the date stated above, at Jan 31, 1935. Death is said

The principal cause of death and related causes of importance were as follows:

Myocardial chronic + decompensation

Date of onset

Other contributory causes of importance: 98%Name of operation none Date of .....What test confirmed diagnosis? none 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) Thos. E. Decker, M. D.(Address) Columbia Mo

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.

