MAY 21 1935

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

Do not use this space.

File No. 11955

Registered No. 384

Registration District No. 85

Primary Registration District No. 1001

11 0 9

**1. PLACE OF DEATH**

County Buchanan

Township

City St. Joseph, Mo. (No. Mo. Meth. St. Ward)

**2. FULL NAME** Millard Lichty

(a) Residence, No. 606 No. 23rd. 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.

## 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 Bessie Lichty

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 23, 1888

7. AGE: Years 46 | Months 10 | Days 8 | If LESS than 1 day, ....hrs. or ....min.

11

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Com. Co.

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) Morrill, Kansas

FATHER

13. NAME Jacob Lichty

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

MOTHER

15. MAIDEN NAME Emma Heikes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio

17. INFORMANT (ADDRESS) Ezra Lichty Morrill, Kan

18. BURIAL, CREMATION, OR REMOVAL
PLACE Morrill, Kans. DATE 4/3/35 19

19. UNDERTAKER (ADDRESS) FLEEMAN MORTUARY

20. FILED 4-4- 19 35 John R. Bender Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1935, to April 1, 1935

I last saw h. alive on Apr 1, 1935. Death is said to have occurred on the date stated above, at 7:40 p. m.

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

| | Date of onset |
|---|---|
| General peritonitis | |
| Intestinal obstruction (acute) | |
| | 1 d |

Other contributory causes of importance:

| | |
|---|---|
| Acute diverticulitis of Sigmoid (perforated) | |

Name of operation Laparotomy Date of Apr 1-35

What test confirmed diagnosis? Apr. 1 Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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. No

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. Wallace, M. D.

(Address) 3 S. 1 N. St. Joseph Mo.

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.