

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.

JUL 27 1935

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Central
City Richmond Hts

Registration District No. 1170
Primary Registration District No. 6248H
(No. St. Mary's Hospital)

File No. 21780
Registered No. 135
St. _____ Ward _____

2. FULL NAME

Francis Scott Livingston
(a) Residence, No. 7014 St. Clare St., Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 27, 1914

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>20</u>	<u>7</u>	<u>3</u>		

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rice Slic. Dry Goods

10. Date deceased last worked at this occupation (month and year) June 1935 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Avalon Mo

13. NAME Ester Livingston

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dewitt Co. Mo.

15. MAIDEN NAME Golda Mae Grigg

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Avalon Mo

17. INFORMANT Ester Livingston (ADDRESS) 7014 St. Clare

18. BURIAL, CREMATION, OR REMOVAL PLACE Chickadee Mo DATE July 1, 1935

19. UNDERTAKER Walter and Sons (ADDRESS) 6175 D. St.

20. FILED 7/1, 1935 Estelude Porter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June - 30th, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 23rd, 1935, to June 30th, 1935. I last saw him alive on June 30th, 1935. Death is said to have occurred on the date stated above, at 6:30 P. m.

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

hephtic Nephrotoxic Acute Date of onset _____
Uremia - Pulmonary Oedema 6/27/35

Other contributory causes of importance: Appendicitis Subacute 6/23/35

Name of operation Appendectomy Date of 6/27/35
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) August G. Nealman M. D.
(Address) 6194 D. St.

Dr. A. H. Wetmore
6194 Delmar

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