

SEP 20 1935

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

Do not use this space.

1. PLACE OF DEATH

County Jarvis
Township Washington
City Washington (No. 1)

Registration District No. 346
Primary Registration District No. 5483

File No. 26246
Registered No. 7
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lizzie Sawler</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 30, 1858</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>11</u>
	DAYS <u>13</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Stock & grain</u>	
	10. Date deceased last worked at this occupation (month and year) <u>January 1913</u>	
	11. Total time (years) spent in this occupation <u>37</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Brooklyn Mo</u>		
FATHER	13. NAME <u>James H. Liberty</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Liberty, Mo</u>	
	15. MAIDEN NAME <u>Eliza Poque</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>nit. Veruon Mo</u>	
	17. INFORMANT (ADDRESS) <u>Earl Piburn, Martinsville, Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Midway</u> DATE <u>Aug. 14, 35</u>		
19. UNDERTAKER (ADDRESS) <u>Pogue & Son, Ripgway, Mo</u>		
20. FILED <u>8-15</u> 19 <u>35</u> <u>Chas. Adair</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 8, 1935, to Aug. 8, 1935. I last saw him live on Aug. 8, 1935. Death is said to have occurred on the date stated above, at 10:20 a.m. The principal cause of death and related causes of importance were as follows:
Apoplexy

Date of onset _____

Other contributory causes of importance: W

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) Ernest L. Hood, M.D. (Address) B. Stamp 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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

