

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

Do not use this space.

38310

NOV 12 1935

1. PLACE OF DEATH
 County Stoddard Registration District No. 846
 Township Duck Creek Primary Registration District No. 6102
 City Expice (No. _____ St. _____ Ward _____)

2. FULL NAME William Anderson Ligon
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 55 yrs. 6 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Susie A Ligon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 15 1880

7. AGE YEARS 55 MONTHS 6 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired (Farmer)

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) Missouri

MOTHER 13. NAME Bedford Ligon

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

15. MAIDEN NAME Whitman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Uniontown

17. INFORMANT Mrs. W. A. Ligon

18. BIRTH, MARRIAGE, OR REMOVAL PLACE (City or town) (State or country) DATE Expice, Mo. 11/7/35

19. UNDERTAKER See Third Co.

20. FILED 10/6 1935 Uniontown B. Hawk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1935, to Nov 5, 1935. I last saw him alive on Nov 4, 1935. Death is said to have occurred on the date stated above, at 9 a. m.

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

Chronic Myocarditis Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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.

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) G. A. Moore, M. D.

(Address) Expice, 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.

Jameson