

JUN 18 1936

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

Do not use this space.

1. PLACE OF DEATH

County: Greene Registration District No. 318
Township: _____ Primary Registration District No. 2001
City: Springfield (No. 1959, N. Benton)
St. _____ Ward _____

File No. 225511
Registered No. 493
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1959 N. Benton 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 1, 1897</u>		
7. AGE	YEARS <u>38</u>	MONTHS <u>7</u>
	DAYS <u>4</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>Brakeman</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>On R.R.</u>	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-5-1936
22. I HEREBY CERTIFY, That I attended deceased from 6-2-1936 to 6-5-1936
I last saw him alive on 6-5-1936 Death is said to have occurred on the date stated above, at 11:30 m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset 6-1-36
Other contributory causes of importance:
Epilepsy

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	13. NAME <u>William D. Livingston</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	15. MAIDEN NAME <u>Arizona Livingston</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	17. INFORMANT <u>J. E. Voyles</u> (ADDRESS) <u>1959 N. Benton</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>National Cemetery</u> DATE <u>June 8, 1936</u>	
19. UNDERTAKER <u>J. W. K. Linger & Co</u> (ADDRESS) <u>Springfield, Mo</u>	
20. FILED <u>6-8-1936</u> BY <u>Chas. A. George</u> Registrar	

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? yes
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) C. J. Feller, M. D.
(Address) Springfield, 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.

