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.

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

AUG 28 1936

Do not use this space.

27654

1. PLACE OF DEATH
County Ralls
Township Jasper
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 725-
Primary Registration District No. 5-960.C

File No. .....
Registered No. .....

2. FULL NAME Lawrence A Liter

(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 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 Lillian Liter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 24 1869

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
66	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) 1935
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rike Co Missouri

FATHER

13. NAME John J Liter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Mary Alford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Lillian Liter Center Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Salem DATE July 4 1936

19. UNDERTAKER (ADDRESS) Giles R Hulse Center Mo

20. FILED July 4, 1936 J. T. Howard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3 36

22. I HEREBY CERTIFY, That I attended deceased from Jan. 4, 1936, to July 3, 1936.
I last saw him alive on July 3, 1936. Death is said to have occurred on the date stated above, at 1:50a m.
The principal cause of death and related causes of importance were as follows:

Apoplexy
Gall

Date of onset 6/23/36

Other contributory causes of importance:
None known

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? ..... 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) Dr C. H. Brooks, M. D.
(Address) Center, Mo.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

PERSONAL AND STATISTICAL PARTICULARS

COLOR OR RACE

DAYS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

I HEREBY CERTIFY