

NOV 20 1936

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

Do not use this space.

36839

1. PLACE OF DEATH

County Buchanan Registration District No. 85  
Township \_\_\_\_\_ Primary Registration District No. 1001  
City St. Joseph, (No. 1924 South 17th.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 1358  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Clara Elizabeth Liggett,

(a) Residence, No. 1924 So. 17th. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 20 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>Female</u>	4. COLOR OR RACE <u>White</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>William W. Liggett,</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 7, 1858</u>		
7. AGE YEARS <u>75</u>	MONTHS <u>7</u>	DAYS <u>24</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeping,</u>		If LESS than 1 day, .....hrs. or .....min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>At Home,</u>		11. Total time (years) spent in this occupation <u>51</u>
10. Date deceased last worked at this occupation (month and year) <u>October 1936,</u>		

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Warsaw, Illinois,</u>
	13. NAME <u>John D. Shaw,</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown, New York,</u>
	15. MAIDEN NAME <u>Lucinda Sommers,</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hillsboro, Ohio,</u>
	17. INFORMANT (ADDRESS) <u>Heaters Liggett, Seminole, Oklahoma,</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Harrisonville, Mo.</u> DATE <u>Nov. 5th, 1936</u>
	19. UNDERTAKER (ADDRESS) <u>Theaton, Bissale &amp; Beaumont, 319 So. 10th. Str. Harrisonville, Mo.</u>
	20. FILED <u>Nov 4, 1936</u> <u>A. J. Neettlebusch, Registrar.</u>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7:30 July 16, 1936, to 10/30/36, 19\_\_\_\_  
I last saw her alive on 10/30/36, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 6:40 A.M.  
The principal cause of death and related causes of importance were as follows:  
Carcinoma of pyloric Date of onset \_\_\_\_\_  
Other contributory causes of importance \_\_\_\_\_  
Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis Phys findings Where 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) J. Pierce, M. D.  
(Address) 80 1/2 Francis

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.

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