

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

Do not use this space.

43733

1. PLACE OF DEATH

County BATES

Registration District No. 50

File No. _____

Township _____

Primary Registration District No. 3004

Registered No. 117

City BUTLER

(No. Hospital)

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. RED # 1 RICH HILL MO.
(Usual place of abode)

Ward. _____
(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 FEMALE 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) DIVORCED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ARTHUR ACKERMAN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN 19 - 1875

7. AGE YEARS 61 MONTHS 11 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE
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) CLAY CO MO.

13. NAME FRANK LIGGETT

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

15. MAIDEN NAME ELIZA MCCLURY

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

17. INFORMANT (ADDRESS) Jayrita M. Cundy

18. BURIAL, CREMATION, OR REMOVAL PLACE Home DATE Dec 29 1936

19. UNDERTAKER (ADDRESS) Booth Service
Rich Hill Mo.

20. FILED Dec 29 1936 Anna L. Culver
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC 26 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 18th, 1936 to Dec 26, 1936

I last saw h. ER alive on _____ 19____ Death is said to have occurred on the date stated above, at 7:30 P. m.

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

Other contributory causes of importance: _____
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Name of operation _____ Date of _____
What test confirmed diagnosis Pen 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) D. D. La Rue, M. D.
(Address) Butler Mo.

CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED

