

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.

APR 27 1937
#945

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

Do not use this space.

13391

1. PLACE OF DEATH

County St. Louis Registration District No. 788
Township Jefferson Primary Registration District No. 4471
City Webster Groves (No. 609 W., Lockwood Ave.) St. 27 Ward 27

2. FULL NAME

Belle Conover Livergood
(a) Residence, No. 609 W. Lockwood Ave., 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Peter R. Livergood
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24th, 1857
7. AGE YEARS 79 MONTHS 6 DAYS 27 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
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) Spencer, Ind.

13. NAME James Conover

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

15. MAIDEN NAME Letha Thomas

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

17. INFORMANT A. E. Livergood (ADDRESS) 609 W. Lockwood Ave.

18. ~~BURIAL OR REMOVAL~~ via R.R. PLACE Decatur, Ills. DATE Feb. 22nd, 1937

19. UNDERTAKER Wrehmann Varal (ADDRESS) 1905 Union Blvd

20. FILED 2-22-37 Julius R. Yore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 21st, 1937
22. I HEREBY CERTIFY, That I attended deceased from 2-21, 1937, to 2-21, 1937
I last saw her alive on 2-21, 1937. Death is said to have occurred on the date stated above, at 3:15 P.M.

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

Gentle Cardiac Dilatation
Chronic Myocarditis
Date of onset
Other contributory causes of importance: Dr. J. J. O'Connell, M.D.

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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) A. R. Martin, M.D. (Address) 671 E. Big Bend Road

