

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

Do not use this space.

24115

48

34  
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JUL 29 1937

1. PLACE OF DEATH

County Laport Registration District No. 461  
Township Livingston Primary Registration District No. 3024  
City Livingston (No. 1) St. Livingston Ward 1

2. FULL NAME

Claud Wm Ticklin

(a) Residence, No. 1 St. Livingston Ward 1  
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ma. 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 Mina Demear

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2 - 1917

7. AGE YEARS 60 MONTHS - DAYS 2 If LESS than 1 day, .....hra. or .....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Loplyth Co. Mo.

FATHER 13. NAME William Ticklin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Loplyth Co. Mo

MOTHER 15. MAIDEN NAME Betty Hill

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT (ADDRESS) Mrs Ed. Krueggman Livingston

18. BURIAL, CREMATION, OR REMOVAL PLACE Livingston DATE June 6 1937

19. UNDERTAKER (ADDRESS) Whitely Livingston Mo.

20. FILED June 6 1937 Jay B. Baker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 2 1937 to June 4 1937

I last saw h. (or) alive on June 4 1937 Death is said to have occurred on the date stated above, at 1-15-37 m.

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

Coronary with effusion. nephritis. Chronic. Acute Toxic Pneumonia

Other contributory causes of importance: Chronic Nephritis. Chronic Coronary insufficiency

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) J. H. Taylor, M. D.  
(Address) Livingston Mo.

