

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.

169
3
4
JUL 3 0 1937

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

Do not use this space.

1. PLACE OF DEATH

County Mississippi
Township Franklin
City Charleston

Registration District No. 566
Primary Registration District No. 3030

File No. 24324
Registered No. 122

2. FULL NAME

AMY LIVAS
(a) Residence, No. 609 S. Green St. _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 10 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 F 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. D. Lewis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Near 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. Near 48

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At 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) Liverston Louisiana

13. NAME Wesley Vonado

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Mississippi

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) J. D. Lewis Charleston, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE July 4, 1937

19. UNDERTAKER (ADDRESS) Franklin Funeral Service Charleston, Mo.

20. FILED July 2 1937 F. J. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH 3:30 P.M.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1 1937, to July 1 1937. I last saw him alive on July 1 1937. Death is said to have occurred on the date stated above, at 3:30 m.

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

Date of onset 6/30/37
(8 P.M.)

Other contributory causes of importance:
Arterio Sclerosis & myocarditis

1 yr
7 mo

Name of operation _____ Date of _____
What test confirmed diagnosis Autopsy Was there an autopsy? Yes

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) W. S. Love M. D.
(Address) Charleston Mo

