AUG 26 1937

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

Do not use this space.

1. PLACE OF DEATH
County Morgan
Township ~~Moreau~~
City Versailles (No. ..... St. ..... Ward)

Registration District No. 598
Primary Registration District No. 4355

File No. 27870
Registered No. 27

2. FULL NAME Robert E. Livesay

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
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~~ Lillian Gay

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 28-1915

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
22	3	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
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) Versailles Morgan Co. Mo

FATHER
13. NAME Robert M. Livesay
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Mary S. Lester
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Clair Co. Mo.

17. INFORMANT (ADDRESS) James M. Livesay Versailles, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Versailles DATE July 6 1937

19. UNDERTAKER (ADDRESS) W. F. Kidwell Versailles, Mo.

20. FILED July 7 1937 W E Hulett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 18 1937, to July 3, 1937
I last saw him alive on July 3, 1937. Death is said to have occurred on the date stated above, at 4:15 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Emingo Sarcoma	5-37

53

Other contributory causes of importance:

Name of operation Xrayotherapy Date of
What test confirmed diagnosis? Xray 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) J. Loren Washburn M. D.
(Address) Versailles, Mo.

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.