

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

Do not use this space.

NOV 10 1937

38078

**1. PLACE OF DEATH**

County Lawrence  
Township Clark  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 474  
Primary Registration District No. 5638

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. Lawrenceburg St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) \_\_\_\_\_

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-25-1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Catherine Liggins

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1937, to Oct 24, 1937

I last saw him alive on Oct 24, 1937. Death is said to have occurred on the date stated above, at 3:20 A.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-2-1847

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

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>90</u>	<u>3</u>	<u>24</u>	

Chronic Coro-Carditis (Date of onset \_\_\_\_\_)  
nephritis, chronic  
Chronic nephritis

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Former  
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 \_\_\_\_\_

Other contributory causes of importance: 131

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Microsc. Was there an autopsy? no

13. NAME Liggins Liggins

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

15. MAIDEN NAME Cater Horn

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

17. INFORMANT Mrs. Rosie Snyden (ADDRESS) Ark Grove Mo.

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.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dunkill DATE 10-26-1937

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

19. UNDERTAKER Monroe Liggins (ADDRESS) Millen Mo.

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_

20. FILED 10/28 1937 Mrs. Anna Edlerson Registrar.

(Signed) Charles H. Hoff M. D.  
(Address) Ark Grove Mo.



FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

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1. PLACE OF DEATH  
 (a) County Lawrence Registration District No. 474  
 (b) Township Ozark Primary Registration District No. 3638 Registered No. ....  
 (c) City ..... (d) Street No. ....  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME William Graener Likins  
 (a) Residence, No. Lawrenceburg Mo St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cathrine Likins

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
90 3 24

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as 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) Tennessee

13. NAME Graener Likins

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

15. MAIDEN NAME Esther Ford

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

17. INFORMANT (ADDRESS) Mrs. Rosa Snyder Ash Grove, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dunk Hill Cemetery 10/26 1937

19. FUNERAL DIRECTOR (ADDRESS) Morris G. Sieman Miller, Mo.

20. FILED 10/28 1937 Mrs. Anna Witherson Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-28 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 24 1937 to Oct 24 1937

I last saw him alive on Oct 24 1937 Death is said to have occurred on the date stated above, at 3:40 A.M.

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

Chronic Endo Carditis and Chronic Nephritis

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinical 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 Chas H. Mac affee M. D.

(Signed) Chas H. Mac affee M. D.  
 (Address) Ash Grove Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. STATEMENT OF OCCURRENCE IS VERY IMPORTANT.

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