JAN 25 1938

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

Do not use this space.

File No. 46824

Registered No. 196

Registration District No. 796

Primary Registration District No. 3038

1. PLACE OF DEATH

County: Saline

Township: ~~Marshall~~

City: Marshall, Mo. (No. ..., St. ..., Ward)

2. FULL NAME Thurza Elizabeth Liggett

(a) Residence, No. 550 So. Lafayette St. St., ..., 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widowed of Jno. H. Liggett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 2, 1853

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
84	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

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): Herndon, Mo.

FATHER

13. NAME: William Liles

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia / Virginia

MOTHER

15. MAIDEN NAME: Adeline C. Chappell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown / Virginia

17. INFORMANT: Mr. Wilbur Cook
(ADDRESS) Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Ridge Park Cemetery DATE: Dec. 6, 1937

19. UNDERTAKER: J. L. Sweeney
(ADDRESS) Marshall, Mo.

20. FILED: 12-6-1937 Mary Kent, Deputy, Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1934, to Dec. 4, 1937

I last saw her alive on Dec. 4, 1937. Death is said to have occurred on the date stated above, at 11 P. m.

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

	Date of onset
Angina Pectoris	1934
Other contributory causes of importance: Pneumonia Lobar	12-4-37

Name of operation: X Date of: X

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: X

(Signed) A. E. Putnam, M. D.

(Address) Marshall 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.