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.

REC'D APR 11 1938

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

3 1

791

9431
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 3020
(c) City ..... (d) Street No. en route Homer G. Phillips Hosp. St.
(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 Julia Stout 380
(a) Residence, No. 2198 22 and St St. 22
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Blk.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~: Unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 1882
7. AGE: Years 55 Months 4 Days Unknown — If LESS than 1 day, ... hrs. ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Unemployed
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): Ark

FATHER
13. NAME: Ben Liggins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ala

MOTHER
15. MAIDEN NAME: Ellen Peterson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ala

17. INFORMANT (ADDRESS): W. M. Liggins, 3919 W. Belle Pl
18. BURIAL, CREMATION, OR REMOVAL
PLACE: St. Peters DATE: 4-1, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Rm. C. Green, 3517 Laclede Ave
20. FILED ..... 19 ..... J. D. Biedrich, Local Registrar.
MAR 30 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-27, 1938
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2:50 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis;	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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 ..... See above
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) Joseph M. Quinn, M.D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, 3/28/38

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed P. M. McGreen

Licensed Embalmer No. 1173

P. O. Address 3517 Laclede a

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.