

REC'D AUG 18 1939

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

Do not use this space.

26067

File No. 57

Registered No. _____

St. _____ Ward _____

1. PLACE OF DEATH

County *Douglas*
Township *Livingston*
City *Livingston* No. (No. _____)Registration District No. *461*
Primary Registration District No. *3024*

2. FULL NAME

(a) Residence, No. _____ 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

3. SEX *Ma.* 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 *Ann Bates*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb. 14-1865*7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
*74 5 6*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Western Coal. Co.*

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) *Livingston, Mo.*13. NAME *Patrick O'Malley*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*15. MAIDEN NAME *Margaret McDonald*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*17. INFORMANT *Mrs Ann O'Malley*
(ADDRESS) *Livingston, Mo.*18. BURIAL, CREMATION, OR REMOVAL PLACE *Livingston, Mo.* DATE *July 22, 1939*19. UNDERTAKER *Wm. C. ...*
(ADDRESS) *Livingston, Mo.*20. FILED *Aug 1, 1939* *Delia Bates*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 20, 1939*

22. I HEREBY CERTIFY That I attended deceased from

*April 15, 1937, to July 20, 1939*I last saw him alive on *July 20, 1939*. Death is saidto have occurred on the date stated above, at *9:30 P.M.*

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

Mycocarditis Chronic

Anemia, Pernicious

Arteriosclerosis

Date of onset *?**?**?*Other contributory causes of importance: *ASC*

Name of operation..... Date of.....

What test confirmed diagnosis? *Pe* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? *No* 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) *Delia Bates*, M. D.(Address) *Livingston, 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.

RECEIVED

District Health Officer No. 8,

District File Number

8/1/39

Date Filed