FILED MAY 5 1942

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

14140
Do not use this space.

1. PLACE OF DEATH
(a) County Cooper, Registration District No. 218
(b) Township Primary Registration District No. 3015 Registered No. 46
(c) City Boonville, (d) Street No. Alec Van Ravenswaay-Hospital 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 George Willard Liggett,
(a) Residence, No. Fayette-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

3. SEX Male 0
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married, 1
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lissie Liggett,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug, 2nd 1871.
7. AGE YEARS 70 MONTHS 8 DAYS 4 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home,
9. Industry or business in which work was done, as saw mill, bank, etc. Janitor-Public-School
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) Missouri, 0

FATHER
13. NAME Harvey E. Liggett,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia, 1

MOTHER
15. MAIDEN NAME Mary Amick,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri, 0

17. INFORMANT (ADDRESS) Harvey Liggett, Fayette, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Ridge, DATE 4-9th 1942
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Guy T. Valley. Fayette, Mo.
20. FILED April 7 1942 Dr. Chas. Swap. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5th 1942

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1942, to April 5, 1942
I last saw him alive on April 5, 1942 Death is said to have occurred on the date stated above, at 10:00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute intrusitial nephritis	(?)
Other contributory causes of importance:	
Hypertension	(?)
Arterio sclerosis	(?)

Name of operation Date of
What test confirmed diagnosis? Clin 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?
If so, specify
(Signed) M L Dietraeger, M. D.
(Address) Boonville Mo

1088

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

50M-1-12-38 I X14028

RECEIVED
District Health Officer No. 8,
File Number
Date Filed 5-4-42

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, ...

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

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

Signed Guy T. Harvey

Licensed Embalmer No. 2966

P. O. Address Fayette Miss

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

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