

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

Do not use this space.

15350

**1. PLACE OF DEATH**

County Ray Registration District No. 744  
Township Richmond Primary Registration District No. 3035  
City Richmond (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 30

**2. FULL NAME**

Sara J. Livingston  
(a) Residence No. \_\_\_\_\_ 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 Fe. 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Isaac M. Livingston

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 27 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
80 0 10

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Ray Co.  
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Lauron Livingston

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ray Co.  
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Kate Whitman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ray Co.  
(STATE OR COUNTRY) Mo.

14. INFORMANT Mrs. C. S. Micea  
(Address) Richmond Mo.

15. FILED 4-7-31 E. C. Day REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-7-31 1931

17. 12:05 P.M.  
I HEREBY CERTIFY, That I attended deceased from 4-1 1931, to 4-7 1931, that I last saw her alive on 4-6 1931, and that death occurred, on the date stated above, at 12:05 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Apoplexy  
82A  
102 (duration) yrs. mos. 5 ds.

CONTRIBUTORY arterial hypertension  
(SECONDARY) (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

19. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) Ho J. Coon M. D.

4-7-31 (Address) Richmond Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lauron Mo. Cem. DATE OF BURIAL 4-8-31

20. UNDERTAKER C. M. Joiner ADDRESS Richmond 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.

APR 25 1931

WHITE COPY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

