

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

Do not use this space.

571

1. PLACE OF DEATH

County Polk
Township Liberty
City Liberty (No.) St. Ward

Registration District No. 201
Primary Registration District No. 5280

File No.
Registered No.

2. FULL NAME

Flora B. Downing Tygart
(a) Residence, No. West Franklin St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Tygart
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2 - 1861
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 72 7 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for self
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) DeKalb Co. Mo.

13. NAME A. T. Downing
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

15. MAIDEN NAME Mary Ann Crow

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gen.

17. INFORMANT (ADDRESS) Mrs. R. A. Henry Liberty Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Osborn DATE 1/4/34

19. UNDERTAKER (ADDRESS) Chas. Greber Co Liberty Mo.

20. FILED 174 34 E. T. Brant Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2, 1934

22. I HEREBY CERTIFY, that I attended deceased from March 1933, to Jan 2 1934

I last saw her alive on Jan 2 1934. Death is said to have occurred on the date stated above, at 11 a. m.

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

Cancer of grain - was operated West Springs - & Radium used - but re- turned

Date of onset

Other contributory causes of importance 55E

Name of operation Cancer of grain Date of March 33
What test confirmed diagnosis? 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
(Signed) J. H. Vathaus, M. D.
(Address) Liberty, Mo.

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.

JAN 26 1934
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