

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.

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JUN 20 1934

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

Do not use this space.

1. PLACE OF DEATH

County Callaway Registration District No. 104 File No. 15957  
 Township Seaton Primary Registration District No. 3008 Registered No. 118  
 City Fulton (No. ....) St. .... Ward)

2. FULL NAME

James Likens  
 (a) Residence, No. La Fayette Co St. .... Ward. (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 46 yrs. 6 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF .....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) d. 1c  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
72 d. 1c d. 1c

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....  
 10. Date deceased last worked at this occupation (month and year) d. 1c 11. Total time (years) spent in this occupation d. 1c

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio  
 13. NAME d. 1c  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) d. 1c  
 15. MAIDEN NAME d. 1c  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) d. 1c  
 17. INFORMANT State Hospital #1 (ADDRESS) Fulton, Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE State Hospital DATE 5/30 1934  
 19. UNDERTAKER J. J. Roberts, Fulton, Mo (ADDRESS)  
 20. FILED May 30 1934 A. N. Crews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-30 1934  
 22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1933, to May 30, 1934  
 I last saw h. em alive on May 29, 1934 Death is said to have occurred on the date stated above, at 8:30 m.  
 The principal cause of death and related causes of importance were as follows:

Arteriosclerosis of heart  
23A  
7.5 B  
7.9  
 Other contributory causes of importance:  
Pulmonary tuberculosis

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 .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify Joseph Daly M. D.  
 (Signed) Fulton, Mo  
 (Address) State Hospital #1

OCCUPATION  
 FATHER  
 MOTHER

