

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

Do not use this space.

7468

1. PLACE OF DEATH

County Clark Registration District No. 920
Township Big Creek Primary Registration District No. 6-8-58
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 1

2. FULL NAME

Joy Ewert Bebout
(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. 2 ds. 22 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 W
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE of _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 1928

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
2 22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) mom
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Dug garrison
(STATE OR COUNTRY) land leo MO

10. NAME OF FATHER W.E. Bebout

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lejay Center
(STATE OR COUNTRY) Lejay Co. Kans

12. MAIDEN NAME OF MOTHER Bertha Warrick
(CITY OR TOWN) Paul Oak
(STATE OR COUNTRY) Mariav Leach

14. INFORMANT Bertha Bebout
(Address) Dug garrison

15. Apr 9 1929 Mary F. Johnson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 10 1929

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ and _____ a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Balds Thymus
John E. W.
(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) _____
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH: _____ DATE OF _____
WAS THERE AN AUTOPSY: no Medical evicb

WHAT TEST CONFIRMED DIAGNOSIS: _____
(Signed) Bertha Bebout M.D.
(Address) Dug garrison

*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 Hart Lane Yard DATE OF BURIAL Apr 10 1929

20. UNDERTAKER John Leach Duggenre
ADDRESS 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.

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