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CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

9939-7

5 1929 9939-7

1. PLACE OF DEATH

County Christian Registration District No. 184  
Township South Gallop Primary Registration District No. 6270  
City Spokane (No. ....) St. .... Ward)

File No. ....  
Registered No. 20  
St. .... Ward)

2. FULL NAME

David Newton Bilgen

(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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 20<sup>th</sup> 1928</u>		
7. AGE	YEARS	MONTHS
		DAYS
	<u>7</u>	<u>23</u>
		If LESS than 1 day, .... hrs. or .... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Missouri  
(STATE OR COUNTRY)

10. NAME OF FATHER Earl Bilgen

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Missouri  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Ruby Maple

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri  
(STATE OR COUNTRY)

14. INFORMANT Earl Bilgen  
(Address) Spokane, Mo.

15. FILED June 15<sup>th</sup> 1929 Loretta Leonard  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 13<sup>th</sup> 1929

17. I HEREBY CERTIFY, That I attended deceased from Mar 12 1929 to Mar 13 1929  
that I last saw him alive on Mar 12 1929, and that death occurred, on the date stated above, at 10 o'clock a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Sudden Brumonia

10X  
CONTRIBUTORY (SECONDARY) x 10/A  
(duration) yrs. mos. 3 ds.

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

0 DID AN OPERATION PRECEDE DEATH. 9/6 DATE OF .....

WHAT TEST CONFIRMED DIAGNOSIS? am  
(Signed) [Signature], M. D.

Mch 13, 1929 (Address) Spokane 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 Spokane Cemetery  
DATE OF BURIAL Mar 14<sup>th</sup> 1929

20. UNDERTAKER T. B. Chaffin  
ADDRESS Spokane Mo

