03

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.

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

Do not use this space. 36033 ~~33559~~

1. PLACE OF DEATH
County Stoddard — Registration District No. 834 — File No.
Township Pike — Primary Registration District No. 6097 — Registered No. 41
City Advance (No. ..... St. ..... Ward)

2. FULL NAME Lula Marie Biby
(a) Residence. No. ..... St. ..... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 2 mos. 10 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): single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 17th 1929

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
—	2	10	

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) —
(c) Name of employer —

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

PARENTS
10. NAME OF FATHER Robt. Biby
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Portageville Missouri
12. MAIDEN NAME OF MOTHER Blanch Knupp
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Anna Illinois

14. INFORMANT X Robert Biby (Address) Advance Mo.

15. FILED 10-30, 1929. N. McKearly REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 27 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct. 27, 1929, to Oct 29, 1929 that I last saw her alive on Oct. 29, 1929 and that death occurred, on the date stated above, at 8:00 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Bronco Pneumonia 1078

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) 1078

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? inspection
(Signed) C. E. Lewis, M. D
10-30, 1929 (Address) Advance 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: Tillman Cemetery — DATE OF BURIAL: 10/28 1929

20. UNDERTAKER: W. C. Knight — ADDRESS: Advance Mo.