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

Do not use this space.

40023

1. PLACE OF DEATH
County: Charlton
Township: Keytesville
City: ..... St. ..... Ward)
Registration District No. 171
Primary Registration District No. 5237
File No. .....
Registered No. 3

2. FULL NAME: Sarah Frances Bivens.
(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: 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: Jerry M. Bivens.
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr 16. 1857
7. AGE: Years 72 | Months 8 | Days 9 | If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home.
(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): Bucklin Mo.

PARENTS
10. NAME OF FATHER: Henry F. Craig.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ky.
12. MAIDEN NAME OF MOTHER: Unknow.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown.

14. INFORMANT: Jennie Bivens
(Address): Keytesville Mo.
15. FILED: 12/27 1929 Zettie Sneed REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): 12. 27 1929.
17. I HEREBY CERTIFY, That I attended deceased from Dec 21, 19.. to Dec 26, 1929 that I last saw her alive on Dec 25, 1929, and that death occurred, on the date stated above, at 2 A. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute lobar pneumonia of right lung
(duration) ..... yrs. ..... mos. 7 ds.
CONTRIBUTORY (SECONDARY): General debility from Senility
(duration) ..... yrs. ..... mos. ..... ds.
108
162
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? Clinical
(Signed) Harry C Tatum, M.D
2/28, 1929 (Address) Brunswick 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: Keytesville City Cemetery
DATE OF BURIAL: 12. 28 1929.
20. UNDERTAKER: O L Herring
ADDRESS: Keytesville Mo.