

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

Do not use this space.

MAY 27 1930

13356

1. PLACE OF DEATH

County Miller
Township Richwoods
City Liberia Mo (No.)

Registration District No. 562
Primary Registration District No. 3757

File No.
Registered No.
St. Ward)

2. FULL NAME

Louaddie Euline Bilyeu

(a) Residence. No. St., Ward.

(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)

married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Clyde Bilyeu

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

Nov 22 - 1891

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

38

4

20

8. OCCUPATION OF DECEASED

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

farming

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Hawkeye

(STATE OR COUNTRY)

Mo

10. NAME OF FATHER

Anderson Keith

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

do not know

12. MAIDEN NAME OF MOTHER

Martha Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

do not know

14.

INFORMANT

(Address)

L. C. Bilyeu
Liberia Mo

15.

FILED

May 8, 1930 W. H. Gump
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

April 12, 1930

I HEREBY CERTIFY, That I attended deceased from Jan 24, 1930 to Apr 12, 1930 that I last saw h. et alive on Apr 11, 1930, and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocard Regurgitation
Heart
Valvular disease of heart
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Influenza
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) W. H. Gump, M. D.

Apr 12, 1930 (Address) Liberia 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

DATE OF BURIAL

Alder Springs Cemetery

4/13/30

20. UNDERTAKER

ADDRESS

C. L. Casey

Liberia 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.

JUN 21 1957