

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

Do not use this space.

22450

1. PLACE OF DEATH

County Cyprus Registration District No. 712
 Township Richland Primary Registration District No. 5941
 City Richland Mo. (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 13

2. FULL NAME William B. Bivins

(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. da.

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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs Anna Williams Bivins</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>6-26-1864</u>		
7. AGE	YEARS <u>67</u>	MONTHS <u>—</u>
	DAYS <u>4</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Williams Mrs Anna Bivins</u> (c) Name of employer _____		

9. BIRTHPLACE (CITY OR TOWN) Ill.
 (STATE OR COUNTRY) U.S.

PARENTS	10. NAME OF FATHER <u>William B. Bivins</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>
	12. MAIDEN NAME OF MOTHER <u>Mary B. Barton</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>

14. INFORMANT Mrs Anna Bivins
 (Address) Richland. Mo.

15. FILED 6.30.1931 Overt A. Oliver
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 30 1931
 17. I HEREBY CERTIFY, That I attended deceased from June 13, 1931, to June 30, 1931, that I last saw him alive on June 30, 1931, and that death occurred, on the date stated above, at 11:40 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Memoria
137
1320
 (duration) _____ yrs. mos. ds.
 CONTRIBUTORY Enlarged Prostate Gland
 (SECONDARY) (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
at place of death
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOSEY? no
 WHAT TEST CONFIRMED DIAGNOSIS Bed side Diagnosis
 (Signed) Cerrett A. Oliver M. D.
6.30.1931 (Address) Richland. 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 Richland Cemetery DATE OF BURIAL July 1 1931

20. UNDERTAKER W. H. Jones, Richland, Mo.
 ADDRESS _____

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.

JUL 28 1931

