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.

DEC 21 1931

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

Do not use this space.

1. PLACE OF DEATH
County Boone
Township
City Columbia (No. ... St. ... Ward)

Registration District No. 73
Primary Registration District No. 3006

File No. 36855
Registered No. ~~231~~ 231

2. FULL NAME Billie Don, (child of Bessie Neal, father not known)
(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 Male
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) 4-24, 1930.
7. AGE YEARS 1 MONTHS 6 DAYS 7 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (month and year) ✓
11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis, Mo.

FATHER
13. NAME Don't Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

MOTHER
15. MAIDEN NAME Bessie Neal
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Harvey Neal Columbia, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Oakland DATE 11-2 1931
19. UNDERTAKER (ADDRESS) W. Whitesides Columbia Mo.
20. FILED 11/21 1931 F. C. Suggett by Allie Fell, Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-1-, 1931
22. I HEREBY CERTIFY, That I attended deceased from 1941 Oct 28, 1931, to 11-1-, 1931
I last saw him alive on Oct 31, 1931. Death is said to have occurred on the date stated above, at 3:30 a.m.
The principal cause of death and related causes of importance were as follows:
Acute Bronchitis, from Foreign Baby (Peanut) in Right Bronchus, Acetectasis
A part of peanut was removed by Broncoscopy, but a part was unremovable.
Date of onset
Other contributory causes of importance:
Status Thymus Lymphaticus, Irregular Double Sorticalis
Tracheotomy Oct 31
Name of operation Bronchoscopy Date of Oct 28
What test confirmed diagnosis? P&M Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) S. D. Smith, M. D.
(Address) Columbia Mo