

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

Do not use this space.

41467

1. PLACE OF DEATH

County Linn
Township
City Brookfield (No. 206)

Registration District No. 496
Primary Registration District No. 3025
St. Pennsylvania

File No.
Registered No. 81
St. 4 Ward)

2. FULL NAME

(a) Residence, No. 206 S. Penn. St. 4 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lennie Bivens</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-1-1866</u>		
7. AGE YEARS <u>65</u>	MONTHS <u>9</u>	DAYS <u>9</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>		11. Total time (years) spent in this occupation <u>40</u>
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) <u>March 1929</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ferdin MO</u>		
13. NAME <u>Robert Bivens</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Do Not Know</u>		
15. MAIDEN NAME <u>Sarah Penchar</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Do not know</u>		
17. INFORMANT <u>Ray Bivens</u> (ADDRESS) <u>Brookfield MO</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rose Hill</u> DATE <u>12-2-31</u>		
19. UNDERTAKER <u>Brookfield MO</u> (ADDRESS) <u>Brookfield MO</u>		
20. FILED <u>12-1-1931</u> <u>W. E. Jenkins</u> Registrar.		

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-1-1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1931 to Dec 1, 1931
I last saw him alive on Dec 1, 1931 Death is said to have occurred on the date stated above, at 7:59 a.m.
The principal cause of death and related causes of importance were as follows:
Hemorrhagic Enteritis
131
12013 131
Other contributory causes of importance:
Chronic Interstitial Nephritis Unknown

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ 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? No
If so, specify _____
(Signed) Flora Evans, M. D.
(Address) Brookfield, Mo

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 very important.

