

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

Do not use this space.

**34901**

7 1933

1. PLACE OF DEATH  
 2 County Butler Registration District No. 89  
 2 Township Fowler Primary Registration District No. 3007  
 7 City Fowler (No. 188) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Billie Bob Mc Cauley  
 (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 M. 4. COLOR OR RACE W. 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) May-1-1931  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 \_\_\_\_\_ 18 4  
 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) Harwell Mo. 1  
 FATHER  
 13. NAME Wm. R. Mc. Cauley  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boyer Mo.  
 MOTHER  
 15. MAIDEN NAME Northey B. Banner  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.  
 17. INFORMANT W. R. Mc. Cauley  
 (ADDRESS) Wentzville Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Wentzville Mo. DATE 11-6-32  
 19. UNDERTAKER J. B. Jordan  
 (ADDRESS) Wentzville Mo.  
 20. FILED NOV 5 1932 P. J. Clive Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-5-1932  
 22. I HEREBY CERTIFY, That I attended deceased from 11-3, 1932, to 11-5, 1932  
 I last saw him alive on 11-5, 1932. Death is said to have occurred on the date stated above, at 11 a m.  
 The principal cause of death and related causes of importance were as follows:  
Burns on back & arms Date of onset 11-3-32  
Pneumonia lobes 15  
11-9-32  
 Other contributory causes of importance:  
Pneumonia lobes  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? accident Date of injury 11-3, 1932  
 Where did injury occur? at home  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury fell in hot pot water  
 Nature of injury Burns about back & head  
 24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_  
 (Signed) J. B. Jordan M. D.  
 (Address) Fowler Mo.

WRITE PLAINLY, WITH UNFADING INK. 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.

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