

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.

MAY 24 1933

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

Do not use this space.

4399a

1. PLACE OF DEATH

County Stone
Township Williams
City (No.....)

Registration District No. 847
Primary Registration District No. 6112

File No.....
Registered No.....
St. Ward)

2. FULL NAME

Charlotte Angeline Bilyeu

(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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Hosea Bilyeu

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 14, 1850

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, ... hrs. or min.

80 80

7

7

8. OCCUPATION OF DECEASED

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

Housewife

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

(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN).....

(STATE OR COUNTRY)

Arkansas

PARENTS

10. NAME OF FATHER Martin Cecil

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....

(STATE OR COUNTRY)

"Unknown"

12. MAIDEN NAME OF MOTHER Salina Harp

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....

(STATE OR COUNTRY)

"Unknown"

14.

INFORMANT

Martin Bilyeu

(Address)

Baxter, Mo.

15.

FILED

Feb 24 1933

J. B. Chaffell

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 21, 1931

17.

I HEREBY CERTIFY, That I attended deceased from January 3, 1931 to Jan. 9, 1931, that I last saw her alive on January 9, 1931 and that death occurred, on the date stated above, at 2:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

"Unknown"

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

E. E. Miller

M. D.

3/9/1931 (Address) Blue Eye, 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

W. P. O'Connell Cemetery

Jan 22, 1931

20. UNDERTAKER

ADDRESS

Bert Adkins

13200000

