

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

Do not use this space.

1. PLACE OF DEATH

81 County Phelps Registration District No. 678
 Township St James Primary Registration District No. 5904
 City Soldiers Home (No. _____ St. _____ Ward _____)

File No. 0796
 Registered No. _____

2. FULL NAME

Elizabeth Bivans
 (s) Residence, No. Soldiers Home St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred
 yrs. 4 mos. 6 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12 / 7 / 1846</u>		
7. AGE	YEARS <u>86</u>	MONTHS <u>2</u>
	DAYS <u>15</u>	IF LESS than 1 day, _____ hrs. _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>member of</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Soldiers Home</u>	
	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) <u>Ohio</u>		
MOTHER FATHER	13. NAME <u>unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
	15. MAIDEN NAME <u>unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
17. INFORMANT <u>Wm. Hall</u> (ADDRESS) <u>St James Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Soldiers Home cemetery</u> DATE <u>Oct 24 - 1933</u>		
19. UNDERTAKER <u>Gonas and Penlock</u> (ADDRESS) <u>St James Mo.</u>		
20. FILED <u>2-24-1933</u> <u>Henry Walters</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 22 1933

22. I HEREBY CERTIFY, that I attended deceased from Nov 17 - 1932 to Feb 22 - 1933
 I last saw her alive on Jan 21 - 1933 Death is said to have occurred on the date stated above, at 3:04 p.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Refracts Date of onset 1930
121 / 131
 Other contributory causes of importance:

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) William H. Bivans, M. D.
 (Address) St James Mo

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANT 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.

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