

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

Do not use this space.

32512

1. PLACE OF DEATH

22 County Christian
Township North Gallaway
City Bluff, Mo. (No. _____)

Registration District No. 184
Primary Registration District No. 5356

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow Jacob Bilyeu
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 20-1852
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 81 5 17
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper
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) Tenn
13. NAME Martin Sissel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn
15. MAIDEN NAME Lona Harp
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn
17. INFORMANT Linga Bilyeu (ADDRESS) Bluff, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Spokane DATE Oct 8 1933
19. UNDERTAKER B. C. Klepper (ADDRESS) Osark, Mo.
20. FILED Nov 3 1933 Ruth Harrison Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7 1933
22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1933 to Oct 7 1933
I last saw him alive on Oct 5 1933 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:
Acute Enteritis Date of onset 10-5-33
12013
12013
Other contributory causes of importance:
Name of operation _____ Date of _____
What test confirmed diagnosis Phys. 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) 18 J. J. ... M. D.
(Address) Spokane, 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 is very important.

NOV 10 1933

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