

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

Do not use this space.

2099

FEB 27 1934

1. PLACE OF DEATH
 County Pennsac Registration District No. 65-3
 Township Concord Primary Registration District No. 5865
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Green Berry Bevil
 (a) Residence, No. _____ Ward _____
 (Usual place of abode) Portageville, Mo. (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

MEDICAL CERTIFICATE OF DEATH

3. SEX m. 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) M.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-4-1869.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>64</u>	<u>10</u>	<u>25</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Same

10. Date deceased last worked at this occupation (month and year) 1933 11. Total time (years) spent in this occupation. ly.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

13. NAME Harvey Bevil

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky. Marion, Ky.

15. MAIDEN NAME Mary Helms

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion, Ky.

17. INFORMANT A J Bevil
(ADDRESS) Portageville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Portageville DATE 1-30-1934

19. UNDERTAKER Ray Ford, Co.
(ADDRESS) Portageville, Mo.

20. FILED 1-29-1934 J. W. Johnson
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-29, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-23, 1934, to 1-29, 1934.
 I last saw him alive on 1-28, 1934. Death is said to have occurred on the date stated above, at 5:45 a.m.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset 1-20-34
108

Other contributory causes of importance:
108

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? _____ 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) J. W. Johnson, M. D.
 (Address) Portageville, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

