

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

Do not use this space.

SEP 17 1934

29970

**1. PLACE OF DEATH**

County Linn Registration District No. 196  
Township Brockfield Primary Registration District No. 3025  
City Brockfield (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. ~~29970~~ 79

**2. FULL NAME** Happy Bell Caven

(a) Residence, No. 74<sup>B</sup> Brunswick St. 3 Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 31 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 James A. Caven

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 20, 1908  
7. AGE YEARS 26 MONTHS 6 DAYS 4 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home  
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) Green County (STATE OR COUNTRY) Kentucky

FATHER 13. NAME Dave Caven

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Ruth Wooldridge

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Mrs. Belle Collier (ADDRESS) Brockfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill Cemetery, Brockfield, Mo. DATE Aug 28 1934

19. UNDERTAKER Wask Funeral Home (ADDRESS) Brockfield, Mo.

20. FILED Aug 20, 1934 J. Shucro Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1934 to Aug 24, 1934  
I last saw him alive on Aug 23, 1934. Death is said to have occurred on the date stated above, at 5:30 m.  
The principal cause of death and related causes of importance were as follows:

Stokes-Adams Disease Unknown  
120 days  
120 days  
3 days  
Other contributory causes of importance: As Entenils

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Chemical 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) John Evans M. D.  
(Address) Brockfield 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.

The following is a list of the names of the persons who have been  
 appointed to the various positions in the office of the  
 Secretary of the State, for the term ending on the 31st day of  
 December, 1901.

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