

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

Do not use this space.

OCT 17 1934

33066

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township                      Primary Registration District No. 10021  
 City Kansas City (No. House of Good Shepherds St.                      Ward                     )

File No.                       
 Registered No. 34000

**2. FULL NAME** Miss Juanita May Bilyew

(a) Residence, No. House of Good Shepherds 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. 9 mos.                      ds.                      How long in U. S., if of foreign birth? yrs.                      mos.                      ds.                     

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Fe.</u>	4. COLOR OR RACE <u>Wh.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. --- 1916</u>				
7. AGE YEARS <u>17</u>	MONTHS <u>9</u>	DAYS <u>Unk.</u>	If LESS than 1 day, <u>                    </u> hrs. or <u>                    </u> min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At School</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>                    </u>			
	10. Date deceased last worked at this occupation (month and year) <u>                    </u>			
11. Total time (years) spent in this occupation <u>                    </u>				

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

13. NAME D. B. Bilyew

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data

15. MAIDEN NAME No Data

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data

17. INFORMANT House of Good Shepherds (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Okla. City DATE 9/30/34 19.                     

19. UNDERTAKER J. H. McWherry (ADDRESS) City

20. FILED 9/30 19 34 M. M. Cerove Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/29/34 19 34

22. I HEREBY CERTIFY that I attended deceased from                      to                     , 19 34  
 I last saw h.                      alive on                      19 34 Death is said to have occurred on the date stated above, at                      m.  
 The principal cause of death and related causes of importance were as follows:  
Typhoid fever Date of onset                     

Other contributory causes of importance:                     

Name of operation Autopsy 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 34  
 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?                       
 If so, specify                       
 (Signed)                     , M. D.  
 (Address)                     

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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