

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.

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

Do not use this space.

DEC 27 1934

40227

1. PLACE OF DEATH *Permisot*  
County *Godair* Registration District No. *114*  
Township *Godair* Primary Registration District No. *5869*  
City (No. St. Ward)

2. FULL NAME *George M. Bivens*  
(a) Residence, No. *Godairville Mo* Ward. (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 *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Jan-15-1864*  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov-25-1864*  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*70 10 10*  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Fanner*  
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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 25 1934*  
22. I HEREBY CERTIFY, That I attended deceased from *May*, 19*33* to *Nov 25*, 19*34*  
I last saw him alive on *10/25*, 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:

*Artic Regurgitation*  
*920*

Other contributory causes of importance:  
*920*

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *No history obtainable*  
13. NAME  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *No history obtainable*  
15. MAIDEN NAME  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *No history obtainable*  
17. INFORMANT *C. D. Bivens* (ADDRESS) *Godairville Mo*  
18. BURIAL, CREMATION, OR REMOVAL PLACE *Godairville* DATE *11-27-34*  
19. UNDERTAKER *H. M. Payne* (ADDRESS) *Godairville Mo*  
20. FILED *12/34* 19*34* *C. M. Cook* Registrar.

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  
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) *H. F. O'Kelley*, M. D.  
(Address) *Godairville Mo.*

