

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 21 1935

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

Do not use this space.
29778

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Primary Registration District No. 1002
City W.C. 10 (No. 307 Car E 5th St)

File No.
Registered No.
St. Ward

2. FULL NAME Chas Bivers

(a) Residence, No. Between Br 10 - Oak St. Ward.
(Usual place of abode) Car + N. Y. N. N. P. N. #167472 (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

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) <u>unknown</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown</u>		
7. AGE	YEARS	MONTHS
<u>About 60</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation.
<u>unknown</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
<u>unknown</u>		
10. Date deceased last worked at this occupation (month and year)		
<u> </u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
13. NAME <u>unknown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
15. MAIDEN NAME <u>unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
17. INFORMANT <u>Coroner Report</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Blue Ridge Lave</u> DATE <u>10-10-35</u>		
19. UNDERTAKER <u>H. H. Moore</u> (ADDRESS) <u>1820 E. 18th St</u>		
20. FILED <u>10/10</u> 19 <u>25</u> M. M. <u>Coroner</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/29/35, 19

22. I HEREBY CERTIFY That I attended deceased from , 19

I last saw h. live on , 19 . 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:
Intus Arteris

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

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)

