

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 11 1935

1. PLACE OF DEATH

County Jefferson
Township Jefferson
City Jefferson

Registration District No. 541
Primary Registration District No. 5237

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Billie, Mo. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eunice C. Bilbey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS 82 MONTHS 4 DAYS 19 If LESS than 1 day, X hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Overton, Mo. (STATE OR COUNTRY) Mo.

13. NAME Richard Bilbey

14. BIRTHPLACE (CITY OR TOWN) Jefferson (STATE OR COUNTRY) Mo.

15. MAIDEN NAME McKinnon

16. BIRTHPLACE (CITY OR TOWN) Jefferson (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) John Bilbey

18. BURIAL, CREMATION, OR REMOVAL PLACE Shaggs Chapel DATE 12-1 1935

19. UNDERTAKER (ADDRESS) Edick Bidder

20. FILED _____ 19 _____

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-30-1935

22. I HEREBY CERTIFY That I attended deceased from Had no physician, neighbor present at death Death is said to have occurred on the date stated above, at Jefferson, Mo.

The principal cause of death and related causes of importance were as follows:

Acute nephritis Date of onset 11-25-35

Other contributory causes of importance:

Senility

Name of operation None Date of _____
What test confirmed diagnosis Symptoms 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) W. R. Gerrell M. D.
(Address) Jefferson, Mo.

