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.

FEB 13 1936

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

Do not use this space.

595

1. PLACE OF DEATH
County Christian — Registration District No. 184 — File No.
Township ~~Ferry~~ — Primary Registration District No. 4110 — Registered No. 36
City Ozark (No. , St. Ward)

2. FULL NAME L. Dewey Bilyeu
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lillie Bilyeu
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug-1-1899
7. AGE: YEARS 36 — MONTHS 5 — DAYS 30 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: retired Mechanic
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) (STATE OR COUNTRY): Mo.

FATHER
13. NAME: Steve Bilyeu
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

MOTHER
15. MAIDEN NAME: Demie Cash
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): Lillie Bilyeu, Ozark, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Selmore Cem. DATE: Feb. 2, 1936
19. UNDERTAKER (ADDRESS): J. W. Maples, Clever, Mo.
20. FILED: Feb 6, 1936 Loretta Leonard, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1936, to Jan 31, 1936
I last saw him alive on Jan 31, 1936. Death is said to have occurred on the date stated above, at 12:05 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide By drinking Carbolic Acid	
Other contributory causes of importance:	None

Name of operation: none — 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? Suicide — 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) R. R. Farthing, M. D.
(Address) Ozark Mo

FEB 5 1945