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.

SEP 10 1937

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

Do not use this space.

29547

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 8180

City St. Louis (No. Enroute to City Hospital St. ..... Ward)

2. FULL NAME James Oliver Bivins

(a) Residence, No. 2636 Brannon Ave. St., 13 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 Christine Bivins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 31, 1865

7. AGE: 82 — YEARS: 71 — MONTHS: 7 — DAYS: 28 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber Co.
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) Michigan

FATHER

13. NAME Milo P. Bivins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan

MOTHER

15. MAIDEN NAME Mary J. Anderson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan

17. INFORMANT Christine Bivins
(ADDRESS) 2636 Brannon Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE 8-31 1937

19. UNDERTAKER Kriegshauser Mortuaries
(ADDRESS) 4228 So Kingshighway Blvd.

20. FILED AUG 31 1937 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No attending Physician

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28, 1937

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

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1:50 P m.

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

Coronary Occlusion — Date of onset

Other contributory causes of importance:

Arterio Sclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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? .....

If so, specify .....

(Signed) Alfred J Perry, M. D.

(Address) Deputy Coroner

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