

JAN 2 11938

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

Do not use this space.

1. PLACE OF DEATH

County Clark  
Township Beversick  
City                      (No.                      St.                      Ward                     )

Registration District No. 920  
Primary Registration District No. 5858

File No. 46256  
Registered No.                     

2. FULL NAME Billie Friend

(a) Residence, No.                      St.                      Ward.                       
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 16 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 30 - 1920

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
16 11 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm work  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2  
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) Kansas

13. NAME Elijah Friend 2

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Theodosia Clark Co Mo

15. MAIDEN NAME Odessa Osborn 2

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage Co Oklahoma

17. INFORMANT Elijah Friend (ADDRESS) Lutie Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lutie cemetery DATE Dec 19 1937

19. UNDERTAKER C. M. McCullough (ADDRESS) Isabella Mo

20. FILED Dec 28 1937 Mary F. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18 1937

22. I HEREBY CERTIFY, That I attended deceased from no medical aid 19                    

I last saw h.                      alive on                      19                    . Death is said to have occurred on the date stated above, at 6:30 P.M.

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

Killed in an automobile accident just lived 1 hr 35 min the car turned over in the middle of highway they were speeding and struck into gravel the driver was drunk

Name of operation drunk 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) Mary F. Johnson M.D. (Address) Theodosia Mo

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.

