REC'D DEC 13 1938

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

Do not use this space.

File No. 39042

Registered No.

32 1. PLACE OF DEATH
County DeKalb. 2 Registration District No. 2-5-9
Township Camden. 1 Primary Registration District No. 4-1-5-8
City Maysville. (No. ..... St. ..... Ward)

2. FULL NAME 152 Elijah Bivens.

(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 ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29, 1874.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	64	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

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) 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton, County, Missouri.

FATHER

13. NAME Marion Bivens.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky.

MOTHER

15. MAIDEN NAME Elizabeth Martin.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky.

17. INFORMANT (ADDRESS) Mrs. Elizabeth Bivens. Maysville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Lawn Cem. DATE Nov. 21 1938

19. UNDERTAKER (ADDRESS) U. G. Pilcher. Maysville, Mo.

20. FILED 11-28 1938 Ethel M Bivens Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 18 1938

22. I HEREBY CERTIFY, That I attended deceased from October 8 1938, to November 18 1938
I last saw him alive on November 18 1938. Death is said to have occurred on the date stated above, at 10:30p.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Carcinoma Prostate	undet.
Metastatic Carcinomatosis Liver	undet.
Hypostatic Pneumonia	11-17-38

51

Other contributory causes of importance:

Hepatic insufficiency	undet.
Uremia	undet.
Mitral insufficiency	

Name of operation Trans-urethral resection prostate Date of

What test confirmed diagnosis? Biopsy and autopsy Was there an autopsy? Yes

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) John M. Cooper, M. D.
(Address) Maysville, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1 X9314

U. G. Pilcher Funeral Director, License #3961

Embalmed by C. T. Pilcher, License #3960