

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

DEC 13 1938

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

Do not use this space.

39042

1. PLACE OF DEATH

32 County DeKalb.
Township Camden.
City Maysville. (No. 1)

Registration District No. 259
Primary Registration District No. 4158

File No.
Registered No.
St. Ward

2. FULL NAME 152 Elijah Bivens.

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

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 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

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) Clinton County, Missouri. (STATE OR COUNTRY)

13. NAME Marion Bivens.

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

15. MAIDEN NAME Elizabeth Martin.

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

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

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

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

20. FILED 11-28, 1938 Ethel H. Kover 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:

Primary Carcinoma Prostate
Metastatic Carcinomatosis Liver
Hypostatic Pneumonia

Date of onset
undet.
undet.
11-17-38

Other contributory causes of importance: 51
Hepatic insufficiency
Anemia
Mitral insufficiency
Trans. without resection

undet.
undet.

Name of operation prostatectomy 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.

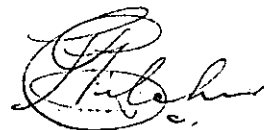
If so, specify
(Signed) John M. Cooper, M. D.
(Address) Maysville, Mo.

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.

1 X3814

U. G. Pilcher Funeral Director, License # 3961

Embalmed by C. T. Pilcher, License # 2960

A handwritten signature in cursive script, appearing to read "C. T. Pilcher". The signature is written in dark ink and is positioned centrally below the printed text.