

REC'D JUN 19 1939

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

Do not use this space.

1. PLACE OF DEATH

County Miller
Township Pin Hurry
City Waste (No.)

Registration District No. 564
Primary Registration District No. 5759A

File No. 19235
Registered No. 10
St. Ward

2. FULL NAME

Waste Bernard Bechout

(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 Male 4. COLOR OR RACE White 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) Mar 31, 1920

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,

14	1	7	hrs. or min.
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8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. School boy
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Pin Hurry, Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER John S. Bechout

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Callington, Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER May S. Hale

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pin Hurry, Mo.
(STATE OR COUNTRY)

14. INFORMANT Geo. Bechout
(Address)

15. FILED 6-2, 1939 Mr. E. M. Schee
2 m Barva REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) MAY 7 1939

17. I HEREBY CERTIFY, That I attended deceased from March 20, 1939 to May 7, 1939 that I last saw him alive on March 20, 1939, and that death occurred, on the date stated above, at 11:50 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Status Epilepticus

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) SS

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Unknown

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Thomas Hickey, D.O. M.D.

5/8, 1939 (Address) Henley, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Mary Howard Cemetery DATE OF BURIAL 5/9 1939

20. UNDERTAKER

E. M. Schee ADDRESS Enger, 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.

RECEIVED

Miller County Health Dep't.

County File Number... 39-74

Date Filed 6-5-39