

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

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.

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

Do not use this space.

REC'D SEP 8 1939

29269

1. PLACE OF DEATH  
 45 County Howard. 2  
 Township  
 2 City Fayette, (No. .... St. .... Ward)  
 1 130 Henry B. Kivett,  
 2. FULL NAME  
 (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.

File No. ....  
Registered No. 49

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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) II. 10th 1869  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
69 8 15  
 OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.  
 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)  
 11. Total time (years) spent in this occupation  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri,  
 13. NAME Miranda Kivett.  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri,  
 15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
 17. INFORMANT Dr. J. R. Ballimore  
 (ADDRESS)  
 18. BURIAL, CREMATION OR OTHER DISPOSITION PLACE Boonsborro, DATE 7/26th 1939  
 19. UNDERTAKER Guy T. Halley,  
 (ADDRESS) Fayette, Mo.  
 20. FILED Sept. 5 1939 W. C. Bonham  
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/25th 1939 .19  
 22. I HEREBY CERTIFY, That I attended deceased from 6-1, 1939, to ....., 19.....  
 I last saw him alive on 7-25, 19..... Death is said to have occurred on the date stated above, at..... m.  
 The principal cause of death and related causes of importance were as follows:  
Uremia  
Secondary Hemorrhage from Prostate  
139  
 Other contributory causes of importance:  
Chronic Prostatitis 2 yrs  
Chronic Nephritis 20 yrs  
 Date of onset 16th  
 Name of operation Prostatectomy Date of 2 yrs  
 What test confirmed diagnosis? None 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? no  
 If so, specify .....  
 (Signed) W. C. Bonham / M. D.  
 (Address) Fayette

339 (Address)

RECEIVED  
District Health Officer No. 8,  
District File Number 9/6/39  
Date Filed