

Jan 2 1939

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

43084
Do not use this space.

1. PLACE OF DEATH

(a) County Christian 2 Registration District No. 181
(b) Township Poplar 1 Primary Registration District No. 5251
(c) City _____ (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Haril Lane Biley

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

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. 27-1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 6 hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as 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) Christian Co. Mo. 0

FATHER 13. NAME William Biley 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 1

MOTHER 15. MAIDEN NAME Lillie Pearl Bangs

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

17. INFORMANT (ADDRESS) William Biley Billings, Mo. R.#1.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wise Hill DATE Dec 29, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. H. Maples Clever, Mo.

20. FILED Dec 29, 1939 F. H. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 28-1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1939, to Dec 27, 1939

I last saw him alive on December 27, 1939. Death is said to have occurred on the date stated above, at 9 a.m. Dec 28-39
The principal cause of death and related causes of importance were as follows:

Insufficient action of lungs with partial asphyxiation

Other contributory causes of importance: Loss of blood account placenta previa in mother

Name of operation no Date of _____
What test confirmed diagnosis? Physical Exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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) E. L. Neal M. D.

(Address) Republic 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con
with the above constitutes grounds for revocation of license.)**

If this body is not embalmed, above space should be left blank.