

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

Do not use this space.

FEB 27 1934

1. PLACE OF DEATH  
County Linn Registration District No. 496  
Township Brookfield Primary Registration District No. 3020  
City Brookfield (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME George T. Bivins  
(a) Residence, No. 427 St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. 4 mos. \_\_\_\_\_ ds. \_\_\_\_\_  
How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

File No. 1793  
Registered No. 2  
St. \_\_\_\_\_ Ward \_\_\_\_\_

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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5-1858

7. AGE YEARS 76 MONTHS 7 DAYS 15 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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) 1-1-1934 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brookfield, Mo.

13. NAME Robert Bivins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brookfield, Mo.

15. MAIDEN NAME Eliza Pennington

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brookfield, Mo.

17. INFORMANT Carl Bivins (ADDRESS) Brookfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill DATE \_\_\_\_\_ 19 \_\_\_\_\_

19. UNDERTAKER Wm. T. Collins (ADDRESS) Brookfield, Mo.

20. FILED 1/6/34 19 \_\_\_\_\_ Registrar W. H. H. H.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5, 1934

22. I HEREBY CERTIFY That I attended deceased from July 1, 1933, to Jan 5, 1934  
I last saw him alive on Jan 5, 1934. Death is said to have occurred on the date stated above, at 10:30 a.m.  
The principal cause of death and related causes of importance were as follows:  
Bright's Disease - Chronic Date of onset 1/1/33  
131  
131  
Other contributory causes of importance None  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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) E. D. Standley, M. D.  
(Address) Brookfield, Mo.

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