

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD 1933

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.

10803

1. PLACE OF DEATH  
 91 County Ripley Registration District No. 750  
 Township Drumpton Primary Registration District No. 5985  
 City..... (No..... St..... Ward.....)

2. FULL NAME Lizzie Bivens  
 (a) Residence, No..... St..... Ward..... (If nonresident, give city or town and State)  
 Usual place of abode.....  
 Length of residence in city or town where death occurred X yrs. X mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 11  
 Registered No. 1159

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Caucasian 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF R. E. Bivens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-4-1894

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>38</u>	<u>6</u>	<u>4</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Jennisse

13. NAME Jim Wallace

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

15. MAIDEN NAME Stratton

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

17. INFORMANT R. E. Bivens  
 (ADDRESS) Drumpton, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Steel Mrs. DATE 3-9-33

19. UNDERTAKER Family  
 (ADDRESS) 210 23 E. Johnston

20. FILED 4/10 1933 E. Johnston  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-8-1933

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1933 to March 8, 1933  
 I last saw her alive on March 8, 1933. Death is said to have occurred on the date stated above, at 5:30 P. M.  
 The principal cause of death and related causes of importance were as follows:  
Cortic Regurgitation Date of onset 92A  
 Other contributory causes of importance: 92A

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....

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 R. H. Watson, M. D.  
 (Signed) R. H. Watson  
 (Address) Drumpton, Mo.

