

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

Do not use this space.

38770

1. PLACE OF DEATH

County Cop. Guadalupe Registration District No. 131
 Township Shannon County Registration District No. 5-1-82
 City (No.) St. Ward (No.)

File No.
 Registered No.

2. FULL NAME

Phadane Bidine
 (a) Residence. No. Cop. Guadalupe 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 Female **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 Louis Bidine

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 14 1850

7. AGE YEARS MONTHS DAYS **IF LESS than 1 day, hrs. or min.**
80 11 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House work
 (b) General nature of industry, business, or establishment in which employed (or employer) Sen home work
 (c) Name of employer Own house

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

10. NAME OF FATHER Manuel Lawrence

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) don't know

12. MAIDEN NAME OF MOTHER Susan Clark

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) don't know

14. INFORMANT W. M. Evans
 (Address) 71 Cop. Guadalupe Mo

15. FILED 1-10-30 Clara Miller
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 30 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1930, to Dec 27, 1930, that I last saw her alive on Dec 27, 1930, and that death occurred, on the date stated above, at 4:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Labour Pneumonia

CONTRIBUTORY (SECONDARY) Gen Scurvy
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at her home
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) O. J. Miller, M. D.
 , 19 (Address) Egypt Mills. 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 Sona Cemetery **DATE OF BURIAL** 12/30 1930

20. UNDERTAKER Hannan Funeral Home Cop. Guadalupe Mo
 ADDRESS

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.

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

1930-10-10-30

