

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

PLACE OF DEATH  
County Jasper  
Township \_\_\_\_\_ or Village \_\_\_\_\_ or City Carthage  
Registration District No. 408 File No. 30860  
Primary Registration District No. 3020 Registered No. 148  
City Carthage (NO. 716 S Mc Gregor or \_\_\_\_\_ Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number]  
FULL NAME Chas Bishop

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Widowed  
(Write the word)

DATE OF DEATH Oct 11, 1915  
(Month) (Day) (Year)

DATE OF BIRTH Nov 22, 1841  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from \_\_\_\_\_, 1915, to Oct. 11, 1915, that I last saw him live on Oct 12, 1915, and that death occurred; on the date stated above, at \_\_\_\_\_ m.

AGE 71 yrs. 9 mos. 29 ds. If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?

The CAUSE OF DEATH\* was as follows:  
Poisoning by Corbolic Acid.  
suicidal

OCCUPATION (a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.  
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BIRTHPLACE (City or town, State or foreign country) N. Jersey

(Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

PARENTS NAME OF FATHER Don Bishop  
BIRTHPLACE OF FATHER (City or town, State or foreign country) N. Jersey  
MAIDEN NAME OF MOTHER Not Obtainable  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Not Obtainable

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.  
(Signed) A. K. Snyder M. D.  
Oct. 12 1915 (Address) Coroner

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
At place of death \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. In the State \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

(Informant) Loren S. Bishop  
(ADDRESS) Carthage, Mo

Where was disease contracted if not at place of death?  
Former or usual residence Carthage Mo

Filed Oct 12 1915 W. C. Settle REGISTRAR

PLACE OF BURIAL OR REMOVAL Jasper Cemetery DATE OF BURIAL Oct 13 1915  
UNDERTAKER Knell Under ADDRESS Carthage 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.

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health  
Association]

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)* For persons who have no occupation whatever, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc. of ..... (name origin; "Cancer" is less definite; avoid

use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*PUERPERAL septicaemia*," "*PUERPERAL peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably such*; if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW

1 PLACE OF DEATH  
 County Jasper  
 Township Carthage  
 or Village Carthage  
 or City Carthage (No.      St.      Ward     )

Registration District No. H08 File No. 30860  
 Primary Registration District No. 3020 Registered No. 148

If death occurred in a hospital or institution, give its NAME instead of street and number.

2 FULL NAME Chas. Bishop

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M. 4 COLOR OR RACE W. 5 SINGLE Married  
 MARRIED WIDOWED OR DIVORCED (Write the word)

6 DATE OF BIRTH      (Month)      (Day)      (Year)

7 AGE      yrs.      mos.      ds. IF LESS than 1 day      hrs. or      min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Satisfactory information supplied  
 (b) General nature of industry, business, or establishment in which employed (or employer) Applied

9 BIRTHPLACE (City or town, State or foreign country) Satisfactory information supplied

PARENTS  
 10 NAME OF FATHER Satisfactory information supplied  
 11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Satisfactory information supplied  
 12 MAIDEN NAME OF MOTHER Satisfactory information supplied  
 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Satisfactory information supplied

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Lorenz Bishop  
 (Address) Carthage Mo

15 Filed July 14 1915 W E Steele Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 11 1915  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from      191     to      191      
 that I last saw him      alive on      191      
 and that death occurred, on the date stated above, at      m.

The CAUSE OF DEATH\* was as follows: Applied  
 (Duration)      yrs.      mos.      ds.

CONTRIBUTORY (Secondary)       
 (Duration)      yrs.      mos.      ds.  
 (Signed)      M. D.  
 (Address)      191    

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) Satisfactory information supplied

At place of death      yrs.      mos.      ds. In the State      yrs.      mos.      ds.

Where was disease contracted if not at place of death? Satisfactory information supplied  
 Former or usual residence     

19 PLACE OF BURIAL OR REMOVAL      DATE OF BURIAL      191    

20 UNDERTAKER      ADDRESS

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