

JAN 22 1929

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

40068

1. PLACE OF DEATH

County DeKalbRegistration District No. 4161

File No. _____

Township _____

Primary Registration District No. 260

Registered No. _____

City Union Star (No. _____)

St. _____ Ward _____

2. FULL NAME

(a) Residence. No. Union Star St. Union Ward _____

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M.

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

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

Mary M. Bishop

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

Feb. 6, 1882

7. AGE

84

YEARS

MONTHS

10

DAYS

18

If LESS than 1 day, ____ hrs. or ____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

Retired Farmer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Knitchey

10. NAME OF FATHER

Thomas Bishop

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

12. MAIDEN NAME OF MOTHER

Francis Rollin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

14.

INFORMANT

(Address)

J. H. Bishop

15.

FILED

12/4/28

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

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

Dec 24 1928

17.

HEREBY CERTIFY That I attended deceased from Dec 20 28 to Dec 24 28, 1928, that I last saw deceased alive on Dec 23 28, 1928, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

94A Arterio Sclerosis

CONTRIBUTORY (SECONDARY)

Arterio Sclerosis

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

DATE OF _____

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

E. M. Reynolds

(Address)

2400 St. Louis

*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

DATE OF BURIAL

Hillside Chm.12-26 1928

20. UNDERTAKER

J. H. Taggart

ADDRESS

Knitchey

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.

