

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

Do not use this space.

1440

1. PLACE OF DEATH

County Jackson
Township Kaw
City Chassaulty

Registration District No. 399
Primary Registration District No. 1002

File No. 674
Registered No. 67
Ward ()

2. FULL NAME

(a) Residence. No. 5600 Troost St. 6 Ward. ()
(Usual place of abode)

Length of residence in city or town where death occurred 8 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

wh

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

married

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

Vella Bisbee

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

Jan. 24, 1889

7. AGE

YEARS 39 MONTHS 11 DAYS 9

IF LESS than 1 day, hrs. min.

8. OCCUPATION OF DECEASED

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

Stockman

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

K.C. Stockyards

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Elgin

10. NAME OF FATHER

Fred L. Bisbee

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ill.

12. MAIDEN NAME OF MOTHER

Emma K. Kohn

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ill.

14.

INFORMANT
(Address)

Mrs Vella Bisbee
5600 Troost

15.

FILED

14 29 M.M. Crowe
asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Jan 3 1929

17.

I HEREBY CERTIFY, That I attended deceased from Refugee Center 19 , to 19

that I last saw h. alive on 19 , and that death occurred, on the date stated above, at about 9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Suicide, carbon
monoxide gas, a poison
1640

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? autopsy

(Signed) Stanley McNeil M. D.

1/3/29 (Address) Refugee Center

*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

Elgin Illinois Jan. 4 1929

20. UNDERTAKER

ADDRESS

A.H. Newcomer Sons K.C. 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.

RECORDING THIS IS A PERMANENT RECORD

48
10
9

87

2

2

2

