

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

Do not use this space.

1848

1. PLACE OF DEATH

County Jackson
Township Greene
City Kansas City (No. Kansas City General Hosp.)

Registration District No. **399**
Primary Registration District No. **1002**

File No. 6 447
Registered No. 6 447 (Ward)

2. FULL NAME

Bishop, Arthur

(a) Residence. No. 619 W. 13th St., Ward.

(Usual place of abode)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

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

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

Nov. 22, 1898

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

30

2

6

8. OCCUPATION OF DECEASED

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

Garage work

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

10. NAME OF FATHER

Thos. Bishop

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

12. MAIDEN NAME OF MOTHER

Deephia Flippan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

14.

INFORMANT
(Address)

Re. word Clerk
Kansas City Gen. Hosp.

15.

FILED

1-29, 1929
M. M. Brown
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Jan. 28, 1929

17.

I HEREBY CERTIFY, That I attended deceased from 1-15, 1929, to 1-28, 1929, that I last saw him alive on 1-28, 1929, and that death occurred, on the date stated above, at 5:20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchopneumonia

107 R

CONTRIBUTORY (SECONDARY)

107 R (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

No

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clin. Examin. op.

(Signed) P. E. Williams, M. D.

1-29, 1929 (Address) Sup. K. C. Gen. Hosp.

*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

Mr. Washington Jan. 31, 1929

20. UNDERTAKER

ADDRESS

Mrs. C. L. Foster 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.

