

105  
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262  
1  
2  
2

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.

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

Do not use this space.

9234

1. PLACE OF DEATH

County Sullivan  
Township Prep  
City Milan (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 85-2  
Primary Registration District No. 6120

File No. \_\_\_\_\_  
Registered No. 16

2. FULL NAME

Florence Bishop

(s) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) — — 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
68 — — — — — —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Inmate County Infirmary  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Green Castle, Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER Elisha Bishop

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Indiana  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Florence Childers

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Indiana  
(STATE OR COUNTRY)

14. INFORMANT Mrs. A. R. McClaskey  
(Address) Milan, Mo.

15. FILED 2/22/1929 Bertha Mcclary  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 20 19 29

17. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1929, to Feb 20, 1929  
that I last saw him alive on Feb 20, 1929, and that death occurred, on the date stated above, at 7:30 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Myocarditis

920 9013  
(duration) yrs. mos. ds.  
CONTRIBUTORY Terminal dementia  
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. S. Montgomery, M. D.

Feb. 20, 1929 (Address) Milan 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

DATE OF BURIAL

Oakwood Cem. Milan Feb 21 19 29

20. UNDERTAKER C. A. Schoene ADDRESS Milan Mo.

