MAY 2 1929

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

Do not use this space.

13591

1. PLACE OF DEATH
County Vernon — Registration District No. 874 — File No.
Township Harrison — Primary Registration District No. 6159 — Registered No.
City ~~Arcadia Ks~~ (No. R.F.D. ... St. ... Ward)

2. FULL NAME Virginia Ann Bishop.
(a) Residence. No. ... St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 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): widowed.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Johnanton K. Bishop
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar 23 - 1839
7. AGE: 89 YEARS, 11 MONTHS, 9 DAYS. If LESS than 1 day, ... hrs. or ... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: housewife.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN): dont know
(STATE OR COUNTRY): North Carolina.

PARENTS
10. NAME OF FATHER: Johl Thomas.
11. BIRTHPLACE OF FATHER (CITY OR TOWN): dont know
(STATE OR COUNTRY): North Carolina.
12. MAIDEN NAME OF MOTHER: Marrie Williams
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): North Carolina.

14. INFORMANT: Mrs. Hamilton.
(Address): Arcadia Kansas.
15. FILED 3-2, 1929 W. C. Carter, REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar 2 1929
17. I HEREBY CERTIFY, That I attended deceased from April, 1926, to ~~Dec~~ Mar 2 1929 that I last saw her alive on Dec., 12, 1928, and that death occurred, on the date stated above, at ... m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senility
(duration) 5 yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Artemio Sclerosis
(duration) 3 yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Usual
(Signed) A H Adamson, M. D
3-2, 1929 (Address) Arcadia Ks

*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: Highland Park. DATE OF BURIAL: Mar 4 1929
20. UNDERTAKER: A. B. Twombly. W. D. Konanty Est. ADDRESS: Arcadia Kansas.

Dr. Adamson

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.