

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

Do not use this space.

**1. PLACE OF DEATH**

County Howard,  
Township Richmond,  
City                      (No.                     )

Registration District No. 378  
Primary Registration District No. 5-5-26

File No. 33589  
Registered No. 68  
St.                      Ward                     

**2. FULL NAME**

George E. Bishop.

(a) Residence. No.                      St.                      Ward                       
(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 Male. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR Married,  
(If married, give date of marriage)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12 II / 1892

7. AGE YEARS MONTHS DAYS If LESS than day, hrs. or min.  
37 2 2 6

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Farmer.  
(b) General nature of industry, business, or establishment in which employed (or employer)                       
(c) Name of employer                     

9. BIRTHPLACE (CITY OR TOWN) Missouri.  
(STATE OR COUNTRY)

10. NAME OF FATHER John R. Bishop.

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

12. MAIDEN NAME OF MOTHER Dora Hattabaugh,

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

14. INFORMANT Mary Bishop.  
(Address) Fayette, Mo.

15. FILED 10/6/29 V. Q. Bonham  
REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/5/29 19 29

17. I HEREBY CERTIFY, That I attended deceased from Jan 29 to Oct 5 19 29  
that I last saw him alive on Oct 5 19 29, and that death occurred, on the date stated above, at 11:30 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pulmonary Tuberculosis  
23A  
93C  
(duration) 2 yrs. mos. ds.  
CONTRIBUTOR (SECONDARY) Chr. Myocarditis  
(duration) 1 yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH                     

0 DID AN OPERATION PRECEDE DEATH no DATE OF                     

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS none

(Signed) W. A. Bloom, M. D.

, 19                      (Address) Fayette Mo

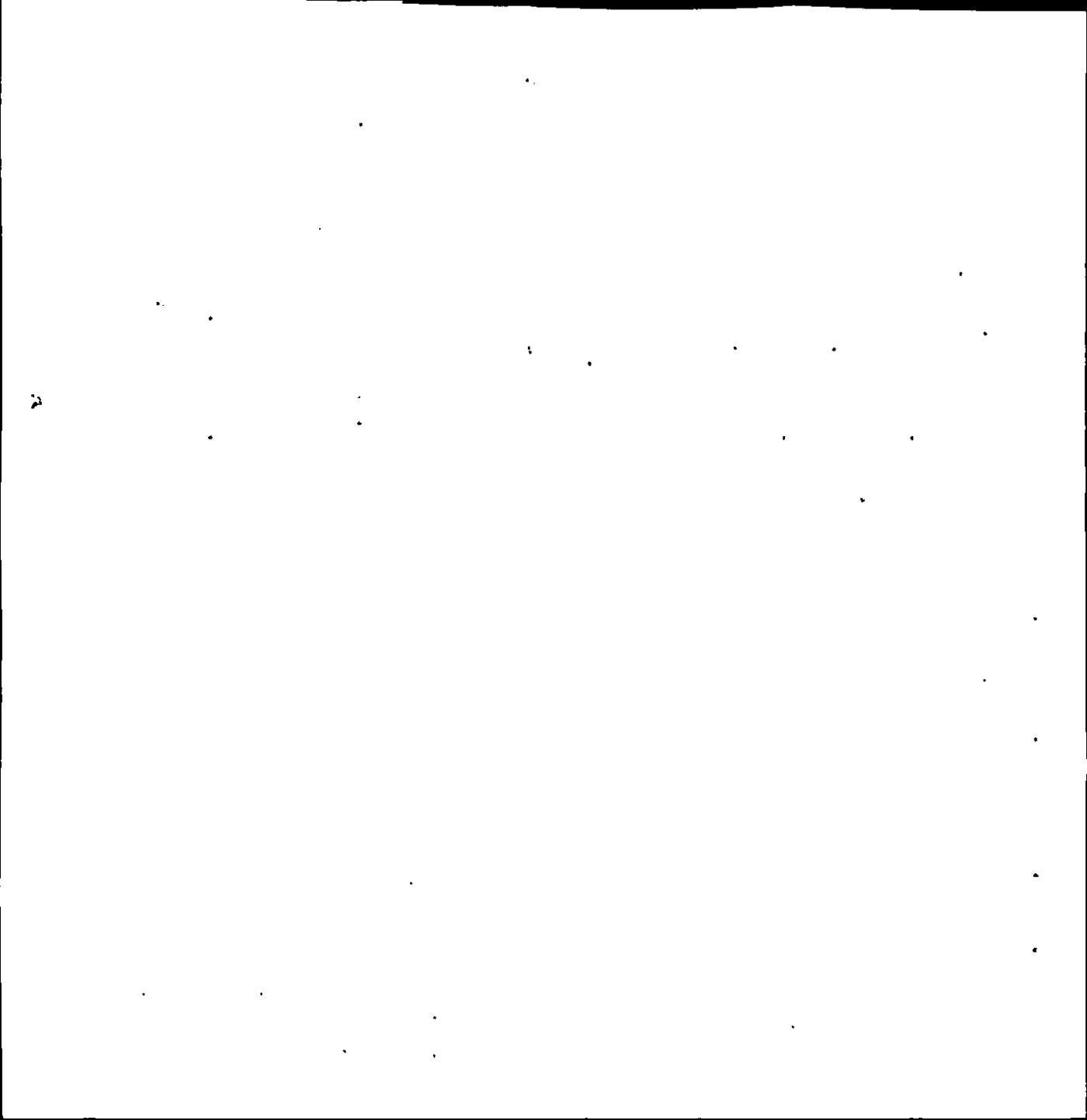
\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Miami Mo, 10/7/29

19

20. UNDERTAKER ADDRESS  
Guy T. Halley. Fayette, Mo.



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Howard Registration District No. 278 File No. 68  
Township Richmond Primary Registration District No. 3-5-26 Registered No. 68  
City George E. Bishop (No.            St.            Ward           )

**2. FULL NAME**

(a) Residence. No.            St.            Ward             
(Usual place of abode) (If nonresident, give city or town and State)  
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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 11 - 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
86 9 24

**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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)           

10. NAME OF FATHER           

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

12. MAIDEN NAME OF MOTHER           

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

14. INFORMANT (Address)           

15. FILED 10/6, 1929 V. O. Bonham REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 5 - 1929

17. I HEREBY CERTIFY That I attended deceased from            1929 to            1929  
that I last saw h.            alive on            1929, and that death occurred, on the date stated above, at            m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

           (duration)            yrs.            mos.            ds.

CONTRIBUTORY (SECONDARY)

           (duration)            yrs.            mos.            ds.

**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)           , M. D.  
          , 19            (Address)

\*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

20. UNDERTAKER ADDRESS

S-33589