

MAY 28 1930

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

15008

1. PLACE OF DEATH  
County Saline Registration District No. 799  
Township Slater Primary Registration District No. 2117  
City Slater No.      St.      Ward       
2. FULL NAME Mary Clotile 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.

File No.       
Registered No. 21  
St.      Ward     

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>maried</u>		
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J G Bishop</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>January 29 1902</u>				
7. AGE	YEARS <u>28</u>	MONTHS <u>2</u>	DAYS <u>10</u>	IF LESS than 1 day, ..... hrs. or ..... min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>House Wife</u> (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer.				
9. BIRTHPLACE (CITY OR TOWN) <u>Quebec Canada</u> (STATE OR COUNTRY)				
PARENTS	10. NAME OF FATHER <u>J P Bordelon</u>			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>France</u> (STATE OR COUNTRY)			
	12. MAIDEN NAME OF MOTHER <u>Unknown</u>			
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY)				
14. INFORMANT <u>J G Bishop</u> (Address) <u>Slater Mrs</u>				
15. FILED <u>July 30 1930</u> <u>W M Tuttle</u> REGISTRAR				

MEDICAL CERTIFICATE OF DEATH

1. 1

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 9 1930

17. I HEREBY CERTIFY That I attended deceased from Dec 1 1927 to April 9 1930 that I last saw her alive on April 9 1930 and that death occurred, on the date stated above, at 2:57 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pulmonary T.B.C.  
23A

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 51  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH at Home  
DID AN OPERATION PRECEDE DEATH? No DATE OF Apr 19 1930  
WAS THERE AN AUTOPSY? No of left thigh  
WHAT TEST CONFIRMED DIAGNOSIS Staining, Bacteriologic  
(Signed) W G Eckert M. D.  
, 19 (Address) Slater 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 Slater City Cemetery DATE OF BURIAL 4-11-30

20. UNDERTAKER Jones & Selzer ADDRESS Slater Mo

WRITE PLAIN, Y. WITH U. IN NK--THIS IS A PERMANENT RECORD

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.

