

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

Do not use this space.

24053

1. PLACE OF DEATH
 County St. Clair Registration District No. 769
 Township West Speedwell Primary Registration District No. 6015
 City Alfred Loyd Bishop St. _____ Ward _____
 2. FULL NAME Alfred Loyd 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. (If nonresident, give city or town and State)

File No. _____
 Registered No. 2
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 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) Jan-15-1921
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
9 5 14
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work at home
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

15. DATE OF DEATH (MONTH, DAY AND YEAR) July-4 1930
 17. I HEREBY CERTIFY, That I attended deceased from July 3 - 1930, to July 4 - 1930, and that I last saw him alive on July 3 - 1930, and that death occurred, on the date stated above, at 1:30 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetes Mellitus
 (duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY (SECONDARY) _____
 (duration) _____ yrs. _____ mos. _____ ds.

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Mo
 10. NAME OF FATHER Payton Bishop
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Mo
 12. MAIDEN NAME OF MOTHER Ella Henderson
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Mo
 14. INFORMANT Payton Bishop (Address) Edwards Spring, Mo #6
 15. FILED 7-4-1930 J. Dawson REGISTRAR

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? Clinical
 (Signed) J. Dawson, M. D.
714, 1930 (Address) Edwards Spring 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 Lebeck Cemetery DATE OF BURIAL 7/4 1930
 20. UNDERTAKER Wm Siders & Sons ADDRESS Edwards Spring 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.

AUG 26 1930

PARENTS

