

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

Do not use this space.

39736

1. PLACE OF DEATH

County Jackson Registration District No. 40
 Township Praine Primary Registration District No. T.P. 1 P File No. _____
 City Bottle Creek (No. Jackson, Cottage) St. _____ Registered No. 167 Ward) _____

2. FULL NAME

John Bism
 (a) Residence. No. Jackson County Home 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 <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>9-29-1855</u>					
7. AGE	YEARS <u>75</u>	MONTHS <u>2</u>	DAYS <u>22</u>	If LESS than 1 day, _____ hrs. or _____ min.	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Laborer</u> (b) General nature of industry, business, or establishment in which employed (or employer). <u>unknown</u> (c) Name of employer. <u>unknown</u>					
9. BIRTHPLACE (CITY OR TOWN) <u>Praine</u> (STATE OR COUNTRY)					
PARENTS	10. NAME OF FATHER <u>unknown</u>				
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>				
	12. MAIDEN NAME OF MOTHER <u>unknown</u>				
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>				
14. INFORMANT <u>J. W. Hostetter</u> (Address) <u>90 J. C. Home</u>					
15. <u>J. S. [Signature]</u> REGISTRAR					

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-21 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1927 to 12-21, 1930 that I last saw him alive on Dec 19, 1930, and that death occurred, on the date stated above, at 11 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
carcinoma of face
52
 (duration) several yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 48
 (duration) _____ 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? Clinical
 (Signed) J. W. Greene, M. D.
12/22 1930 (Address) Independence 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 <u>Marion, Kans.</u>	DATE OF BURIAL <u>12/23 1930</u>
20. UNDERTAKER <u>Ketterlin</u>	ADDRESS <u>Kans</u>

WRITE PLAINLY, WITH UNFADING INK---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.

FILED JAN 20 1931

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