

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

Do not use this space.

4135

1. PLACE OF DEATH

County Saline
Township Marshall
City Marshall (No.)

Registration District No. 796
Primary Registration District No. 3028

File No.
Registered No. 9
St. Ward)

2. FULL NAME

(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)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 ✓

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 24 1885

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>37</u>	<u>5</u>	<u>12</u>		

8. OCCUPATION OF DECEASED 116
(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) Genevieve
(STATE OR COUNTRY) T. Ohio

10. NAME OF FATHER H. A. Bishop

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Wappona
(STATE OR COUNTRY) Ferry, Indiana

12. MAIDEN NAME OF MOTHER Harriet Allison

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

14. INFORMANT Mrs. J. H. McKeown
(Address) 2711 Decatur Ave

15. FILED 1-15 1931 Mrs. John H. McKeown
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 11 1931

17. I HEREBY CERTIFY, that I attended deceased from Jan 6 1931, to Dec 6 1931, that I last saw him alive on Jan 10 1931, and that death occurred, on the date stated above, at 124 1/2 m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardio Exhaustion

Tuber. Pneumonia
(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Tuber. Pneumonia
(duration) yrs. mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED While on duty as Engineer
IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? no DATE OF no

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Physician's Report
(Signed) W. S. Lee M. D.
. 19 (Address) States Ma

*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 St. Mary's City Bur. Twp. 12 19 31
DATE OF BURIAL

20. UNDERTAKER James H. Bishop
ADDRESS

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 FEB 21 1931

