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.

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

Do not use this space.

7402

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 1718

City St. Louis Mo (No. City Hospital #2 St. ..... Ward)

2. FULL NAME EPHRAIM BISHOP

(a) Residence. No. 4208 GARFIELD St., 11 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 4 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: C

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): MARRIED

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 12-31-1906

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

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: COMM. LABOR.
(b) General nature of industry, business, or establishment in which employed (or employer): ——— 234
(c) Name of employer

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

PARENTS

10. NAME OF FATHER: ISAAC BISHOP.

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

12. MAIDEN NAME OF MOTHER: KATIE WILLIAMS

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

14. INFORMANT: A. GERTRUDE CREATH
(Address) City Hospital #2

15. FILED FEB 10 1931 Max C. Starkloff Jr. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 2-7- 1931

17. I HEREBY CERTIFY, That I attended deceased from 10-28-, 1930, to 2-7-, 1931 that I last saw him alive on 2-7-, 1931, and that death occurred, on the date stated above, at 11:20 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

PULMONARY TUBERCULOSIS

23 (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): UNKNOWN

23 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: UNKNOWN

DID AN OPERATION PRECEDE DEATH? NO DATE OF .....

WAS THERE AN AUTOPSY? YES

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy - Clinical - X-Ray

(Signed) Henry E. Hampton, M. D.

2-9-, 1931 (Address) City Hosp. #2

*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: E. St. Louis Ill

DATE OF BURIAL: 2-11-1931

20. UNDERTAKER: P. M. Green

ADDRESS: 3517 Soclede