WRITE PLAINLY, WITH UNFADING INK--THIS

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.

MAY 27 1931

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

Do not use this space.

16920

1. PLACE OF DEATH
County WASHINGTON — Registration District No. 887 — File No.
2 Township BRETON — Primary Registration District No. 6179 — Registered No. 24
City MINERAL POINT (No. , St. Ward)
1

2. FULL NAME ANDREW BINGHAM.

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE COLORED.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) MARRIED.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ANNIE BINGHAM.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 1ST. 1868

7. AGE — YEARS 62 — MONTHS 11 — DAYS 23. — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. LABORER. 237
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WASHINGTON, Co. Mo.

FATHER
13. NAME JOHN BINGHAM.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WASHINGTON Co. Mo.

MOTHER
15. MAIDEN NAME EMILY BURK.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WASHINGTON Co Mo

17. INFORMANT (ADDRESS) FRANK BINGHAM, FESTUS. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE POTOSI Mo. DATE 4/26 1931

19. UNDERTAKER (ADDRESS) J. B. BOYER & SON POTOSI, MO.

20. FILED 4-25 1931 Jos. L. Thurman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-24, 1931

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1931, to March 24, 1931
I last saw him alive on April 16, 1931. Death is said to have occurred on the date stated above, at 5 A. m.
The principal cause of death and related causes of importance were as follows:

Carcinoma Stomach — Date of onset
46 B
46 B

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? X Ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) M. J. Cresswell, M. D.
(Address) Potosi Mo.