

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

Do not use this space.

3683

1. PLACE OF DEATH

6 County Barton Registration District No. 46
Township Nashville Primary Registration District No. 5069
City _____ (No. _____) St. _____ Ward _____

File No. _____
Registered No. 2

2. FULL NAME

John H. Bishop
(a) Residence No. Nashville Mrs 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>married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs C.A. Bishop</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 4, 1845.</u>			
7. AGE	YEARS	MONTHS	DAYS
	<u>86</u>	<u>2</u>	<u>14</u>
If LESS than 1 day, _____ hrs. or _____ min.			
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Barber</u>		
	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) <u>Mich</u> <u>2</u>			
FATHER	13. NAME <u>Dont know</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont know</u> <u>31</u>		
MOTHER	15. MAIDEN NAME <u>Dont know</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont know.</u>		
17. INFORMANT <u>Chyde Thomas Thomas</u> (ADDRESS) <u>Nashville, Mo</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Nashville</u> DATE <u>Feb 19</u> 19 <u>32</u>			
19. UNDERTAKER <u>Steele Yord, Co</u> (ADDRESS) <u>Webb City, Mo</u>			
20. FILED <u>Feb 19</u> 19 <u>32</u> <u>Shady Overman Smith</u> Registrar.			

MEDICAL CERTIFICATE OF DEATH

1
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 18 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 7 1932, to Feb 18 1932
I last saw him alive on Feb 18 1932. Death is said to have occurred on the date stated above, at 2:30 P. m.
The principal cause of death and related causes of importance were as follows:
Date of onset _____

Influenza
W.B.
W.B.
Other contributory causes of importance: (D)

Name of operation None Date of _____
What test confirmed diagnosis? _____ 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? _____
If so, specify _____
(Signed) J.P. Gush _____, M. D.
(Address) Minden Mines, Mo

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.

MAR 21 1932

