

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

Do not use this space.

29335
1 3509

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kaw Primary Registration District No. _____
City Kansas City (No. Trinity Lutheran Hospital) St. _____ Ward _____

2. FULL NAME Richard Yancy Bishop

(a) Residence, No. 3141 Pennsylvania Ave., 5 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 23, 1904
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
27 11 24
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager Laclede
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel Col
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

13. NAME Alfred G. Bishop

14. BIRTHPLACE (CITY OR TOWN) England
(STATE OR COUNTRY)

15. MAIDEN NAME Louise Yancy

16. BIRTHPLACE (CITY OR TOWN) Mississippi
(STATE OR COUNTRY)

17. INFORMANT Miss Martha L. Bishop
(ADDRESS) St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis, Mo. DATE 9-17-32

19. UNDERTAKER Freeman Mortuary
(ADDRESS) Kansas City, Mo.

20. FILED 9/17 1932 M. M. Crowe
Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-17-32, 1932

22. HEREBY CERTIFY, That I attended deceased from Sept. 10, 1932, to Sept 17, 1932.
I last saw him alive on Sept 17, 1932. Death is said to have occurred on the date stated above, at 4:00 PM.
The principal cause of death and related causes of importance were as follows:
Date of onset _____

Chronic Bronchitis
Emphysema
Septicemia
Striptococcus Sore
throat
Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Physician's 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? no
If so, specify _____
(Signed) [Signature], M. D.
(Address) 141 E. Park Bldg.
O. G. M. O.

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.

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UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

WASHINGTON, D. C. 20250

