

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.

29641

1. PLACE OF DEATH

52 County Knox
 Township Colony
 City (No. St. Ward)

Registration District No. 1056
 Primary Registration District No. 3597

File No.
 Registered No. 4

2. FULL NAME Rachel Luceal Bischoff

(a) Residence, No. Rutledge, Mo. 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Bischoff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29th, 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
24 5 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House keeper
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Clark Co. Missouri
(STATE OR COUNTRY)13. NAME Mont Mumford14. BIRTHPLACE (CITY OR TOWN) Lewis Co. Mo.
(STATE OR COUNTRY)15. MAIDEN NAME Ina Speer16. BIRTHPLACE (CITY OR TOWN) Clark Co. Mo.
(STATE OR COUNTRY)17. INFORMANT Mrs Chas Zeller
(ADDRESS) Myacon La, mo18. BURIAL, CREMATION, OR REMOVAL
 PLACE Providence cemetery Sept 15 193219. UNDERTAKER Smith & Baschett
(ADDRESS) Norm mo20. FILED Sept 18, 1932 Owelle Windsor
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 14, 193222. I HEREBY CERTIFY, That I attended deceased from July 27, 1932, to Sept 14, 1932I last saw her alive on Sept 13, 1932 Death is saidto have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

Typhoid fever Date of onset Other contributory causes of importance: ①Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

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) Walter M. McPherson, M. D.(Address) Knox City, Mo.

