

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.

35056

## 1. PLACE OF DEATH

20 County CedarRegistration District No. 163

1 Township

Primary Registration District No. 40952 City Eldorado Springs

File No. ....

Registered No. 72

St. .... Ward) ....

## 2. FULL NAME

(a) Residence, No. Mound City, Kans. 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

M

4. COLOR OR RACE

W5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)married5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OFAda Bishop

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

July 5-1862

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

70912day, .... hrs.  
or .... min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.Massauser9. 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) Nov 193211. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)San Ashland  
Del.

FATHER

13. NAME

James Bishop14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Cape May  
New Jersey

MOTHER

15. MAIDEN NAME

Mary Lane16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Phila.  
Pa.17. INFORMANT  
(ADDRESS)Ada Bishop  
Mound City, Kans.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mound City, Kans. DATE 11-19-193219. UNDERTAKER  
(ADDRESS)Irwin Siders  
Eldorado Springs, Mo

20. FILED

11/17

1932

J. W. Dawson  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Nov 17 1932

22. I HEREBY CERTIFY, That I attended deceased from

Nov 17 1932, to Nov 17 1932I last saw him alive on Nov 17 1930 Death is saidto have occurred on the date stated above, at 11:35 a.m.

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

Cerebral hemorrhage

Date of onset

Other contributory causes of importance:

Name 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) Ch. Sunderwirth D.O.(Address) Eldorado Springs, Mo

