

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

Do not use this space.

12813

1. PLACE OF DEATH

29 County Dale Co. Registration District No. 237
Township St. Francis Primary Registration District No. 5323
City _____ (No. _____) St. _____ Ward _____

File No. _____

Registered No. 22

2. FULL NAME

Jesse Jasper Bishop
(a) Residence, No. _____ 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 Male 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 Alma Etta Bishop

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 1 - 1870

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>62</u>	<u>3</u>	<u>7</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. former Coal Miner

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) Adair Co Mo

13. NAME John Bishop

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

15. MAIDEN NAME Martha Franklin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Minnetta Ohio

17. INFORMANT Mrs Alma Bishop
(ADDRESS) Lickwood Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maple Grove DATE Apr 9 1933

19. UNDERTAKER H. W. Ward
(ADDRESS) Greenfield Mo

20. FILED 4-9 1933 E. B. Ball
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 8 1933

22. I HEREBY CERTIFY, That I attended deceased from March 15 1933 to April 8 1933

I last saw him alive on March 15 1933 Death is said to have occurred on the date stated above, at 6:00 A.M.

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

Decadent hemorrhage from Decadent ulcer Date of onset South Kansas

11 19
1933/1716
Other contributory causes of importance: _____
Name of operation none Date of _____
What test confirmed diagnosis? clinical 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) J. S. [Signature], M. D.
(Address) Warden City 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.

MAY 22 1933

