

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

Do not use this space.

30171

1. PLACE OF DEATH
 County Linn Registration District No. 502
 Township Marceline Primary Registration District No. 4305
 City Marceline (No., St. Ward)

2. FULL NAME Lloyd Bishop
 (a) Residence, No. 109 Jewel St. 1 Ward. Columbia, Missouri
 (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.

File No.
 Registered No. 36
 St. Ward)

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>Mary E. Bishop</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 4, 1900</u>		
7. AGE	YEARS	MONTHS
	<u>32</u>	<u>10</u>
		27
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Auto Mechanic</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>Missouri</u>		
13. NAME <u>Emmett M. Bishop</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Arkansas</u>		
15. MAIDEN NAME <u>Mary E. Berry</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
17. INFORMANT <u>Emmett M. Bishop</u> (ADDRESS) <u>Hallsville, Mo.,</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Grandview</u> DATE <u>9/3/33</u> 19.		
19. UNDERTAKER <u>W.H. Vandeventer</u> (ADDRESS) <u>Columbia, Mo.,</u>		
20. FILED <u>9/6/33</u> 19. <u>Ola Putman, M.D.</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 1, 1933 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1933 19....., to Sept. 1, 1933 19.....
 I last saw him alive on Sept. 1, 1933 19..... Death is said to have occurred on the date stated above, at 4:00 P.M.
 The principal cause of death and related causes of importance were as follows:
Acute Leukaemia
 Date of onset

Other contributory causes of importance:

Name of operation 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) [Signature] M. D.
 (Address) Marceline, Mo.,

WHITE PAPER, 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.

OCT 20 1933

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