

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.

9468

1. PLACE OF DEATH

County Knox
Township Beeridge
City Edina Mo (No. 2)

Registration District No. 441
Primary Registration District No. 55-99

File No. _____
Registered No. 8
St. _____ Ward _____

2. FULL NAME

William Earnest Bishop
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 6 mos. _____ ds. _____ How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OR RACE <u>W.</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>Marie Hudson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 28 - 1879</u>		
7. AGE <u>55</u>	YEARS <u>5</u>	MONTHS <u>10</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</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>Edina Mo.</u>		
13. NAME <u>Deon Bishop</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
15. MAIDEN NAME <u>Alice Mitchell</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
17. INFORMANT (ADDRESS) <u>Bert Hudson Edina Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bee Ridge</u> DATE <u>3-11-1934</u>		
19. UNDERTAKER (ADDRESS) <u>Mrs. J. W. Hudson Edina</u>		
20. FILED <u>Mar 9 1934</u> <u>Mrs. C. M. Smith Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 8 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1934, to Mar 8, 1934.
I last saw him alive on Jan 29, 1934. Death is said to have occurred on the date stated above, at 11-12 a.m.
The principal cause of death and related causes of importance were as follows:
Pernicious Anemia
Date of onset _____

Other contributory causes of importance:
7/19

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) W. H. McReynolds, M. D.
(Address) Knox City Mo.

