MAY 2[illegible] 1934

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 15059

Township ..... Primary Registration District No. 4003 Registered No. 4272

City [illegible] (No. ..... Peoples Hospital St. ..... Ward)

2. FULL NAME Ora Bishop

(a) Residence, No. 2929 Washington ave Ward 21 (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	col	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-18-1901

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
33	8	9	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Waterless

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) Madisonville Ky

FATHER

13. NAME Chester Bishop

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madisonville Ky

MOTHER

15. MAIDEN NAME Amanda Murphy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madisonville Ky

17. INFORMANT (ADDRESS) Lizzie Bishop 2929 Washington

18. BURIAL, CREMATION, OR REMOVAL
PLACE Madisonville Ky DATE April 28 1934

19. UNDERTAKER (ADDRESS) Watson and Son 2769 Chouteau ave

20. FILED APR 27 1934 19 J S Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 26th April 1934

22. I HEREBY CERTIFY, That I attended deceased from 10th March 1934 to 26th April 1934

I last saw her alive on 25th April 1934 Death is said to have occurred on the date stated above, at 4:30 AM

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

Adenomatous Goitre

Date of onset

Other contributory causes of importance

Name of operation Hyroidectomy Date of 25th April

What test confirmed diagnosis? Physical 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) W. Heaton, M. D.

(Address) 2740 Franklin

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.