

DEC 13 1934

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

Do not use this space.

38698

## 1. PLACE OF DEATH

County Caldwell Registration District No. 98  
Township Kingston Primary Registration District No. 4060  
City Kingston (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. 15

## 2. FULL NAME

Edith M 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 57 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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

Bert Bishop6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May - 25 - 1877

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
57 9 4

OCCUPATION

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

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) Kingston Missouri

FATHER

13. NAME W. C. Paul14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Evansville New York

MOTHER

15. MAIDEN NAME Hattie Fern16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buffalo New York17. INFORMANT (ADDRESS) Bert Bishop Kingston, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Kingston Cemetery DATE Nov - 30 - 193419. UNDERTAKER (ADDRESS) Pemher & Clark Kingston, Missouri20. FILED Nov - 30 1934 Mrs. Ruth Hill Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 29 193422. I HEREBY CERTIFY, That I attended deceased from April 10th 1934, to Nov 29 1934I last saw her alive on Nov 29 1934 Death is saidto have occurred on the date stated above, at 8 A. m.

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

Carcinoma of RectumH&DHoDate of onset about Feb 1934

Other contributory causes of importance:

Ascites of AbdomenName 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?

If so, specify \_\_\_\_\_

(Signed) W. D. House M. D.(Address) Kingston, Mo.

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.

WHITE PERMIT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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