

FEB 19 1935

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

Do not use this space.

2174

1. PLACE OF DEATH

County Montgomery
Township Beeflower
City Beeflower (No. 1)

Registration District No. 576
Primary Registration District No. 5787B

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. 1 St. 1 Ward. 1
(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. (If nonresident, give city or town and State)

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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 1 - 1908</u>		
7. AGE YEARS <u>26</u>	MONTHS <u>6</u>	DAYS <u>17</u>
If LESS than 1 day, hrs. min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</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) Beeflower Mo.
(STATE OR COUNTRY)

13. NAME Glenn Bishop

14. BIRTHPLACE (CITY OR TOWN) Beeflower Mo.
(STATE OR COUNTRY)

15. MAIDEN NAME Lona Spears

16. BIRTHPLACE (CITY OR TOWN) Beeflower Mo.
(STATE OR COUNTRY)

17. INFORMANT Lona Spears
(ADDRESS) Beeflower Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Beeflower Cemetery D 19 35

19. UNDERTAKER R. W. Hines
(ADDRESS) Beeflower Mo.

20. FILED 1 - 26 1935 Richard Hines
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18 1935

22. I HEREBY CERTIFY That I attended deceased from Nov 16 1934 to Jan 18 1935

I last saw him alive on Jan 18 1935. Death is said to have occurred on the date stated above, at 8 P. m.

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

Tuberculosis (Pulmonary & Bone) Date of onset 1927
Excision of fistula (T.B.) 9/12/34
General Blood infection T.B. 10/1/34
T.B. of Hip and both feet 10/3/34
T.B. meningitis 1/15/35

Other contributory causes of importance:

Name of operation None Date of None

What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Date of injury None, 19 None

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) A. H. Van Arsdale A. D. D.

(Address) Beeflower Mo.

