

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

Do not use this space.

MAR 21 1935

1. PLACE OF DEATH

County Cedar

Registration District No. 163

Township B

Primary Registration District No. 4095

City El Dorado Springs Mo.

4661

File No.

Registered No. 18

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Lee J. Bishop

(a) Residence, No. \_\_\_\_\_

(Usual place of abode)

St. \_\_\_\_\_

Ward \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OF

Florence Bishop

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Jan 24 1868

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, \_\_\_\_\_ hrs.

or \_\_\_\_\_ min.

67

22

OCCUPATION

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

Painter

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)

Ill

MOTHER FATHER

13. NAME

J. V. Bishop

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

P.A.

15. MAIDEN NAME

Elizabeth Gallop

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Vt.

17. INFORMANT

(ADDRESS)

Mrs. Florence Bishop  
El Dorado Springs

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Tabernacle Mo.

DATE Feb. 18

1935

19. UNDERTAKER

(ADDRESS)

Hughes & Sons  
El Dorado Springs Mo.

20. FILED

2-17-1935

J. W. Dawson

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Feb 16 1935

22. I HEREBY CERTIFY That I attended deceased from

Feb 8 1935 to Feb 16 1935

I last saw him alive on Feb 16 1935 Death is said

to have occurred on the date stated above, at 8:45 a.m.

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

Tuberculosis  
Pneumonia

Date of onset

Other contributory causes of importance:

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) Le J. Dunsen, M. D.

(Address) El Dorado Springs Mo

