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.

APR 2 1935

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

Do not use this space.

8128

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 299

City St. Joseph, Mo. (No. 1524 Douglas St. St. Ward)

2. FULL NAME John Tyler Bingham

(a) Residence, No. 1524 Douglas St. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Gertrude Bingham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 14, 1879

7. AGE: YEARS 55 — MONTHS 4 — DAYS 29 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Elevator Opr.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Bank
10. Date deceased last worked at this occupation (month and year): 1934
11. Total time (years) spent in this occupation: 8

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown / Unknown

FATHER

13. NAME: John Bingham
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown / Unknown

MOTHER

15. MAIDEN NAME: Caroline Windsor
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nodaway Co. / Missouri

17. INFORMANT (ADDRESS): Mrs. Gertrude Bingham, 1524 Douglas St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Green Valley DATE: Mar. 16, 1935

19. UNDERTAKER (ADDRESS): FLEEMAN MORTUARY, INC. St Joseph Mo

20. FILED 3-18, 1935 John R. Kendall, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 13, 1935

22. I HEREBY CERTIFY, That I ~~attended~~ received deceased from March 13, 1935, to ....., 19....
I last saw h..... alive on ....., 19.... Death is said to have occurred on the date stated above, at 8:15 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset

Other contributory causes of importance: no facts

Name of operation ..... Date of .....
What test confirmed diagnosis? Clin Hist 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? No
If so, specify .....
(Signed) Forrest Thomas Coroner, M. D.
(Address) 731 Faaron