

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

Do not use this space.

8584

1. PLACE OF DEATH

County Laclede Registration District No. 207
Township Laclede Primary Registration District No. 38074146
City South Greenfield, Mo St. Mo Ward

2. FULL NAME

Clementine Rebecca Bishop
(a) Residence, No. Dade Co. Mo St. Mo Ward.
(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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF T. J. Bishop

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21-1859

7. AGE YEARS 75 MONTHS 7 DAYS 21 IF LESS than 1 day, hrs. min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. N. W.
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) Dade County

FATHER 13. NAME James R. Scott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Margaret Willis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Erma Bishop

18. BURIAL, CREMATION, OR REMOVAL PLACE Pennsboro, Mo DATE 8-15, 1935

19. UNDERTAKER (ADDRESS) Franklin Fox
Greenfield, Mo

20. FILED Apr. 24, 1935 Geo. L. Weir
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-13, 1938

22. I HEREBY CERTIFY, That I attended deceased from 8-1, 1938, to 3-13, 1938

I last saw h. E alive on 3-13, 1938. Death is said

to have occurred on the date stated above, at 5:30 A. m.

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

Influenza Date of onset

and Tubercular disease of heart

Myocarditis

Other contributors causes of importance

Name of operation Asymptomatic Date

What test confirmed diagnosis? Asymptomatic 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) W. S. Brunner, M. D.

(Address) Wilder, 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.

