

FEB 25 1936

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

Do not use this space.

28441-A

1. PLACE OF DEATH

County Stoddard  
Township  
City Charter Oak, Mo.

Registration District No. 6921100  
Primary Registration District No. 4357

File No.  
Registered No. 19 Ward)

2. FULL NAME

Royce Jewelday Bishop  
(a) Residence, No. Charter Oak St. Ward.

Length of residence in city or town where death occurred yrs. 3 mos. 2 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Baby

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28 - 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 3 2

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

13. NAME Olden Bishop

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Williford, Mo.

15. MAIDEN NAME Odessa Booker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Black Oak, Ark.

17. INFORMANT Father (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Big Ridge DATE Aug. 31, 1935

19. UNDERTAKER (ADDRESS) Hempstead Waterbury

20. FILED Aug. 12 1935 John T. Parnes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 30 35, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 27 to Aug 30, 1935. I last saw him alive on Aug 29, 1935. Death is said to have occurred on the date stated above, at 9 m. The principal cause of death and related causes of importance were as follows:

Acute Enterocolitis

Date of onset Aug 25

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) Howard M. Kunk, M. D. (Address) St. Louis, 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.

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

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

Do not use this space.

**1. PLACE OF DEATH**

County Stoddard  
Township Elk  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 836336  
Primary Registration District No. 6100

File No. 7  
Registered No. 719  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Rosie Jeweldien 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 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) baby

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28 1935

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, 1 hr. or 1 min.
		<u>3</u>	<u>2</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
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) Charter Oak Mo

13. NAME Alden Bishop

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

15. MAIDEN NAME Adessa Bonham

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Black Oak Mo

17. INFORMANT Father  
(ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Big Ridge DATE Aug 31 1936

19. UNDERTAKER Rempley Undertaking  
(ADDRESS) 149 S. 11th St. For

20. FILED Oct 10 1936 Flourence Adams  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 30 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 29, 1936, to Aug 30, 1936.  
I last saw her alive on Aug 29, 1936. Death is said to have occurred on the date stated above, at 9 m.

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

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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) Howard M. Rendig, M. D.

(Address) Director Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

28496-A