

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

JAN. 21 1936

Do not use this space.

42205

1. PLACE OF DEATH Stone
 County Stone Registration District No. 845
 Township Ames Creek Primary Registration District No. 6108A
 City Stone (No. St. Ward)

2. FULL NAME Bernie Dale Bishop
 (a) Residence, No. St. Ward
 (Usual place of abode)
 Length of residence in city or town where death occurred 1 yrs. 1 mos. 16 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 M. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 27 1934

7. AGE YEARS 1 MONTHS 1 DAYS 16 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) Mo

13. NAME Curt Bishop

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

15. MAIDEN NAME Marjory Dean

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

17. INFORMANT (ADDRESS) Curt Bishop
Galea RR 3

18. BURIAL, CREMATION, OR REMOVAL PLACE Graceland DATE 12/15/35

19. UNDERTAKER (ADDRESS) Geo Wilson acting
Galea RR 3

20. FILED 12/15/35 H S Schumate
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/15/35

22. I HEREBY CERTIFY, That I attended deceased from 12/12/35 to 12/15/35
 I last saw him alive on 12/15/35, 1935. Death is said to have occurred on the date stated above, at SA m.
 The principal cause of death and related causes of importance were as follows:
Enterocolitis

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 , 1935
 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) H S Schumate M. D.
 (Address) Pease Spring

THIS IS A PERM/NENT RECORD

Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

