

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 17 1936

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

Do not use this space.

5300

1. PLACE OF DEATH

County Cardwell Registration District No. 283
Township Cardwell Primary Registration District No. 5402
City Cardwell Martha Jeanline St. _____ Ward _____

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(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 <u>M</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wife of Otto Bishop</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-16-1893</u>		
7. AGE	YEARS <u>43</u>	MONTHS <u>0</u>
	DAYS <u>23</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Wife</u>	
	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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-9 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-8, 1936, to 2-9, 1936.
I last saw her alive on 2-9, 1936. Death is said to have occurred on the date stated above, at 1:45 A. M.
The principal cause of death and related causes of importance were as follows:
Chronic Nephritis Complicating Pregnancy & Eclampsia & Convulsions
Date of onset _____

Other contributory causes of importance: 131
Hypertension - Cardio-renal disease

MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sumner</u>
	13. NAME <u>Bud Denton</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sumner</u>
	15. MAIDEN NAME <u>Harriet Ann Jones</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sumner</u>
	17. INFORMANT (ADDRESS) <u>Otto Bishop (Husband) Cardwell, Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Coakrum Cemetery</u> DATE <u>2-19</u> 19 <u>36</u>	
19. UNDERTAKER (ADDRESS) <u>Anderson & Mitchell Cardwell, Mo</u>	
20. FILED <u>3-15</u> 19 <u>36</u> <u>E. Thurson</u> Registrar.	

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 Wallace English, M. D.
(Signed) _____
(Address) Cardwell, MO

