

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

1222 - Bible
Eichinger APR 27 1936

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

Do not use this space.

13817

1. PLACE OF DEATH

County Union Registration District No. 875
Township Weschny Primary Registration District No. 6162
City (No.) St. Ward)

File No. _____
Registered No. 678

2. FULL NAME Lycoln Bible

(a) Residence, No. State Hospital #3 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 39 yrs. 1 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wid)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 10 1936

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

22. I HEREBY CERTIFY, That I attended deceased from Feb 2 1891 to Mar 10 1936

I last saw him alive on 4/10/1936 Death is said to have occurred on the date stated above, at 7 P. M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 16 1861

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 1 23

Cerebral arteriosclerosis Date of onset ?

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Com. Lab.
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

Other contributory causes of importance: Cerebral hemiplegia (Mar 3/36)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

Name of operation Autopsy Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? NO

13. NAME Steward Bible

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

15. MAIDEN NAME Elizabeth Willis

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

17. INFORMANT Emma Murrell Barber City of M (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Hosp. # 3 DATE Mar. 12 1936

19. UNDERTAKER Eichinger Funeral Home (ADDRESS)

20. FILED Mar 12 1936 M. Eichinger Registrar.

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) J. T. O'Dell M. D.
(Address) Nevada, Mo

