JUN 17 1936

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan, Registration District No. 85 File No. 18568
Township Primary Registration District No. 1001 Registered No. 652
City St. Joseph, (No. 3214 Druid Park Avenue, St. Ward)

2. FULL NAME Thomas S. Bishop
(a) Residence, No. 3214 Druid Park Ave. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Amanda Jane Bishop

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 29, 1850

7. AGE: YEARS 85 MONTHS 8 DAYS 2 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Caretaker,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cemetery,
10. Date deceased last worked at this occupation (month and year) May 1935
11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Belleaire, Ohio,

FATHER
13. NAME: Uriah Bishop
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Ohio,

MOTHER
15. MAIDEN NAME: Elizabeth Twig,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Ohio,

17. INFORMANT (ADDRESS): Mrs. A. L. Jewitt 3214 Druid Park Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Grant City, Mo DATE May 3rd, 1936

19. UNDERTAKER (ADDRESS): Heaton, Br. Gale & Bowman 319 So. 10th. St. Funeral Home

20. FILED May 2, 1936 H J Kettlebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1st, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1936, to May 1, 1936
I last saw him alive on May 1, 1936. Death is said to have occurred on the date stated above, at 1:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocardial Insufficiency	unknown
Other contributory causes of importance:	
Arteriosclerosis General	unknown

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

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) Gustav A. Lau, M. D.
(Address) Kirkpatrick Bldg. St. Joseph Mo.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.