

JUL 22 1936

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

Do not use this space.

23221

1. PLACE OF DEATH

County Jackson
Township Brookings
City Raytown Mo.

Registration District No. 403
Primary Registration District No. None

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

2. FULL NAME

Richard Linn Bishop

(a) Residence, No. Raytown mo St. _____ Ward. _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 20 mos. 20 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>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>SINGLE</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 18 - 1936</u>		
7. AGE	YEARS	MONTHS
	<u>—</u>	<u>3</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>infant</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) 6/11/36 1936
22. I HEREBY CERTIFY that I attended deceased from _____ 19____ to _____ 19____
I last saw him _____ alive on _____ 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Thyroid hyperplasia
status lymphaticus

Date of onset

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 cause (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? N.O.
If so, specify _____

(Signed) [Signature], M. D.
(Address) [Address]

MOTHER / FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>K.C., mo</u>
	13. NAME <u>Robert Bishop</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo</u>
	15. MAIDEN NAME <u>Bertta Connor</u>
MOTHER / FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo</u>
	17. INFORMANT <u>Robert Bishop</u> (ADDRESS) <u>Raytown mo.</u>
MOTHER / FATHER	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Warsaw, Mo.</u> DATE <u>June 14</u>
	19. UNDERTAKER (ADDRESS) <u>Morton Funeral Home</u> <u>110. W. Kansas City, mo</u>
20. FILED <u>6-16</u> 19 <u>36</u> <u>[Signature]</u> Registrar.	

Dr. W. W. Hobbs, Deceased

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.

