

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

Do not use this space.

23480

1. PLACE OF DEATH

County Livingston Registration District No. 5.25
 Township Chillicothe Primary Registration District No. 3.26
 City Chillicothe (No.) St. Ward

File No.
 Registered No. 111

2. FULL NAME

Bert Homer Bishop
 (a) Residence, No. St. Ward
 (Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maitha
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 8 1879
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
57 5 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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) Chillicothe mo

FATHER 13. NAME Thomas S. Bishop

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Co mo

MOTHER 15. MAIDEN NAME Mary Ann Peters

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Co mo

17. INFORMANT (ADDRESS) Mrs B.H. Bishop Chillicothe

18. BURIAL, CREMATION, OR REMOVAL PLACE Edgewood DATE 6-29 1936

19. UNDERTAKER (ADDRESS) W.B. Norman Chillicothe mo

20. FILED JUNE 29, 1936 Donald H. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-27 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1936, to June 27 1936
 I last saw him alive on June 27 1936 Death is said to have occurred on the date stated above, at 10:00 a.m.
 The principal cause of death and related causes of importance were as follows:

Cereb of Hemorrhage

(Handwritten initials)

Other contributory causes of importance

Name of operation Date of ...
 What test confirmed diagnosis? 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?
 If so, specify (Signed) H.S. Dawley, M. D.
 (Address) Chillicothe mo

