

NOV 4 1936

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

Do not use this space.

27581-a

1. PLACE OF DEATH

County Dunklin Registration District No. 1099  
Township Little River Primary Registration District No. 1968  
City Wardell Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Mable Bishop  
(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 5 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) \_\_\_\_\_

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25 1931

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>5</u>	<u>1</u>	<u>22</u>	

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) Poplar Grove Arkansas

13. NAME Henry Bishop

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wicksburg, Miss.

15. MAIDEN NAME Jannie Steward

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jannica, Miss.

17. INFORMANT (ADDRESS) George Foxworth Wardell Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Swift Mo DATE 7-18-36

19. UNDERTAKER (ADDRESS) Hubert J. Brown Wardell Mo

20. FILED 10-9-36 J. L. Cray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Friday 7-17-36 1936

22. I HEREBY CERTIFY, That I attended deceased from I only attended once 1936  
I last saw her alive on Friday 7-17-36 Death is said to have occurred on the date stated above, at 6 p.m.  
The principal cause of death and related causes of importance were as follows:

This little girl had typhoid fever  
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 causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1936

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) J. H. Denton, M. D.  
(Address) Wardell Mo

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.

