

DEC 9 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

38433

1. PLACE OF DEATH

County Montgomery
 Township Beaver Creek
 City Jonesburg Mo (No. _____)

Registration District No. 589
 Primary Registration District No. 4247

File No. _____
 Registered No. 34
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. John Pitman Bishop
 (Usual place of abode) Jonesburg Mo St.

Length of residence in city or town where death occurred

12 yrs. 2 mos. 23 ds.

Ward.

(If nonresident, give city or town and State)

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>Black</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wassiloff</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 4-1854</u>		
7. AGE <u>82</u>	YEARS <u>2</u>	MONTHS <u>23</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>Minister</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Ministry</u>
	10. Date deceased last worked at this occupation (month and year) <u>until death</u>
	11. Total time (years) spent in this occupation <u>42 yrs</u>

12. BIRTHPLACE (CITY OR TOWN)
 (STATE OR COUNTRY) Warren Co Mo.

13. NAME Pitman Bishop

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

15. MAIDEN NAME Hanna Canis

16. BIRTHPLACE (CITY OR TOWN)
 (STATE OR COUNTRY) Warren Co Mo

17. INFORMANT
 (ADDRESS) Jonesburg Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Jonesburg DATE Oct 30, 1936

19. UNDERTAKER
 (ADDRESS) O. M. Thammor

20. FILED Nov 6 W. E. A. Boel
 Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from
Oct. 12-, 1936, to Oct. 27-, 1936
 I last saw him alive on Oct., 1936 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:

Acute Aortic Regurgitation Date of onset
10-12-36

Other contributory causes of importance:
Wentle nephritis 10-12-36

Name of operation None Date of _____

What test confirmed diagnosis? Symptoms 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 _____

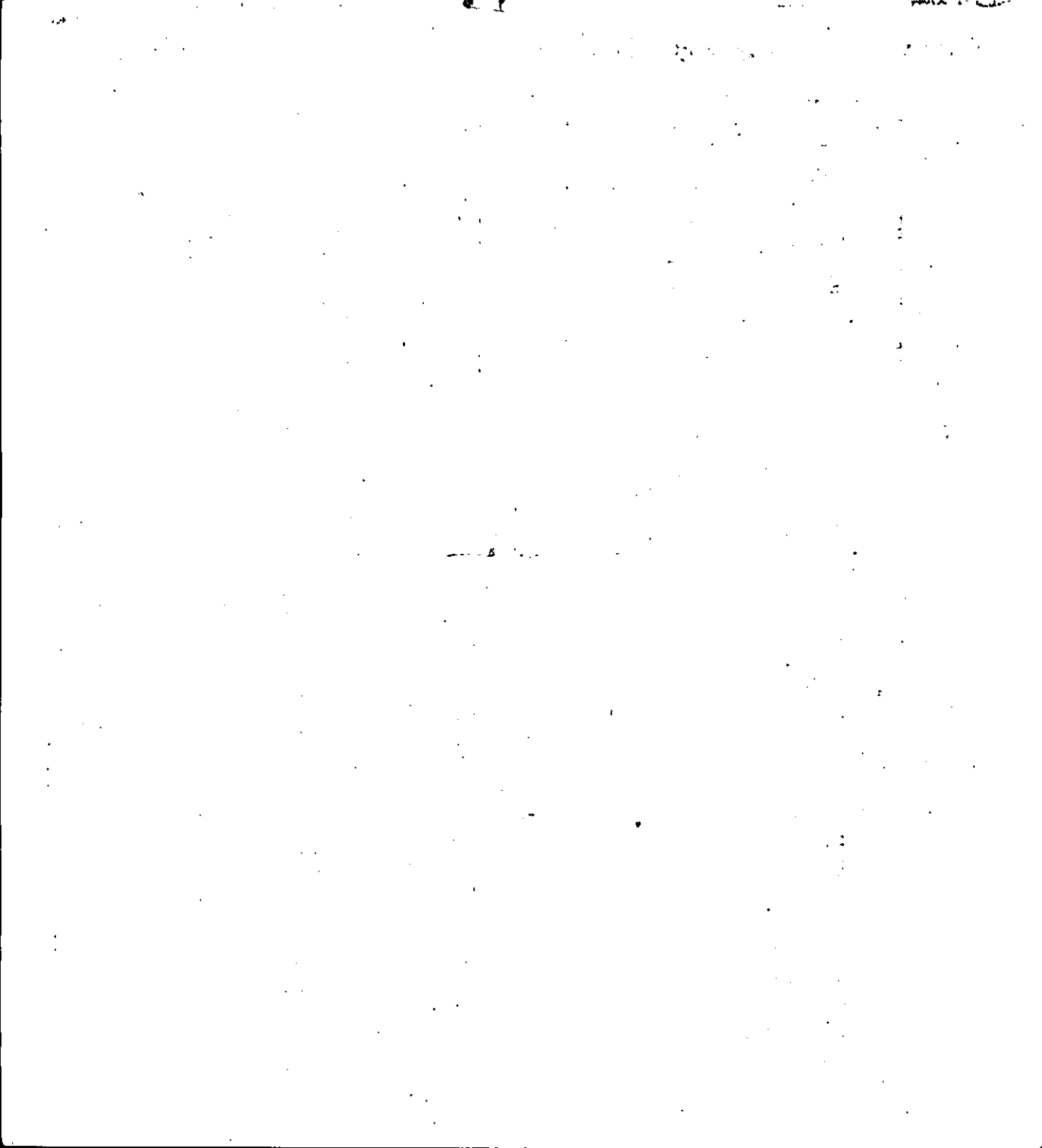
24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify _____

(Signed) F. J. Vincent, M. D.

(Address) 2336^a Market St

St. Louis Mo.



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BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Montgomery

Registration District No. 3-89

Township

Primary Registration District No. 4347

City Jonesburg

File No.

Registered No. 34

St.

Ward)

2. FULL NAME

(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

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

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)

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as planer, 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)

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. UNDERTAKER (ADDRESS)

20. FILED

12/24 1936

E. A. Ball

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 27 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:

Acute aortic regurgitation

Other contributory causes of importance:

Acute nephritis

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....., 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) L. E. Vincent

M. D.

(Address) 233 1/2

St. Louis

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.

9-38433