

MAR 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County ButlerRegistration District No. 89File No. 5212

Township

Primary Registration District No. 3007Registered No. 47City Poplar Bluff(No. 721 North D. St.)

St. _____ Ward _____

2. FULL NAME

Henry Alfred Bishop(a) Residence, No. 721 North D 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 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

Malissa Bishop6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 7, 1859
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 1 0
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common labor

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 Bluff Missouri13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Heona Young (step-daughter)
(ADDRESS) Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE City DATE Feb. 9, 193719. UNDERTAKER Greer Funeral Service
(ADDRESS) Poplar Bluff, Missouri20. FILED 89 37 Alf Bishop Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 7, 1937

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 7:25 am A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Carcinoma of stomachChronic Myocarditis

Other contributory causes of importance:

MyocarditisName of operation HO Date of _____What test confirmed diagnosis? History 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) Greer W. Greer, Coroner M.D.(Address) Poplar Bluff, Mo.
 WHITE 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.

1-X3014

