SEP 20 1937

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

Do not use this space.

31060

File No.
Registered No.

1. PLACE OF DEATH
County Lafayette
Township Dover
City Higginsville (No. , St. Ward)
Registration District No. 460
Primary Registration District No. 4273

2. FULL NAME Lydia Matilda Bischoff
(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 Female
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 Adolph Bischoff
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 13, 1896
7. AGE YEARS 41 MONTHS 7 DAYS 17 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) Warrenton Mo

FATHER
13. NAME Herm Fischer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warrenton Mo

MOTHER
15. MAIDEN NAME Emma Marie Edler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warrenton Mo

17. INFORMANT (ADDRESS) Adolph Bischoff Higginsville Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Evg. Cemetery DATE 9/1 1937
19. UNDERTAKER (ADDRESS) Kolfer & Meinershagen Higginsville Mo
20. FILED Sep 1, 1937 Jay Webb Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-30-1937

22. I HEREBY CERTIFY, That I attended deceased from 8-30-1937, to 8-30-1937
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 7:30 P.m.
The principal cause of death and related causes of importance were as follows:

Gun Shot Wound between eyes in forehead (self inflicted) (Coroners Case)

Date of onset

Other contributory causes of importance:

167

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? Suicide Date of injury 8-29-1937
Where did injury occur? Home Lafayette Co. Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Gun Shot
Nature of injury Gun Shot Wound between eyes of forehead

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) G. Misbet Coroner, M. D.
(Address) Odessa, 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.