

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

Do not use this space.

2014

1. PLACE OF DEATH  
County Bruce Registration District No. 79  
Township Boston Primary Registration District No. 5116  
City (No. ....) St. .... Ward) .....

2. FULL NAME Lyda Bismarck 152  
(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 M  
4. COLOR OR RACE W  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF R. R. Bismarck  
(OR) WIFE OF .....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4 - 27 - 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
74 74 9 2

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. Housewife  
10. Date deceased last worked at this occupation (month and year) 1938  
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rushville, Mo.

FATHER  
13. NAME Erno Partwood  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER  
15. MAIDEN NAME Christa Mack  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT R. A. Fowler  
(ADDRESS) Rushville, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Spunkle DATE Jan 30 1938

19. UNDERTAKER R. A. Fowler  
(ADDRESS) Spunkle, Mo.

20. FILED 117 38 M. S. Eplaw  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29 1938

22. I HEREBY CERTIFY That I attended deceased from Jan 20 1938 to Jan 29 1938  
I last saw her alive on Jan 28 1938. Death is said to have occurred on the date stated above, at 12:45 a.m.  
The principal cause of death and related causes of importance were as follows:

Double Pneumonia  
Date of onset 1-18-38

RECEIVED  
FEB 21 1938  
108

Other contributory causes of importance: .....

BUREAU OF VITAL STATISTICS  
MO. STATE BOARD OF HEALTH  
Name of operation .....

What test confirmed diagnosis? St. Hoop. Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? .....

Where did injury occur? .....

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? NO  
If so, specify .....

(Signed) A. M. Conas, M. D.  
(Address) Sturgeon 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.

