

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

Do not use this space.

7

3646

File No.
Registered No. 6
St. Ward)

1. PLACE OF DEATH
County Reynolds
Township Hayti
City Hayti (No.)

Registration District No. 653
Primary Registration District No. 5864

2. FULL NAME Minnie Bishop 210
(a) Residence, No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sam Bishop

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-15-1910

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
27 3 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 1-18-38 11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hernando Miss

13. NAME Olbia Childress

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

15. MAIDEN NAME Laura Johnson

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

17. INFORMANT (ADDRESS) Sam Bishop

18. BURIAL, CREMATION, OR REMOVAL PLACE Wardell Mo DATE 1-23 1938

19. UNDERTAKER (ADDRESS) Mrs. J. Smith

20. FILED 1-24 1938 JWR Rhoads Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-21 1938

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at 7:30 a.m.

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

I don't know possibly Influenza

Other contributory causes of importance: 112

Name of operation Date of
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? no
If so, specify

(Signed) Jack Kelley Coronet M.D.
(Address) Hayti Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Exact statement of OCCUPATION is very important. Exact statement of OCCUPATION is very important.

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FEB 28 1938

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