

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

Do not use this space.

3692

1. PLACE OF DEATH

County Pettis Registration District No. 668 File No. 2
 Township H Primary Registration District No. 2032 Registered No. 668
 City Sedalia, Mo. (No. 18th & 15th) St. _____ Ward _____

2. FULL NAME Asa Ellis Bishop 210

(a) Residence, No. Otterville Mo St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 5 da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 3, 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF _____
 SON (OR) WIFE OF Mr. & Mrs. Asa Bishop

22. I HEREBY CERTIFY That I attended deceased from Dec. 31, 1937 to Jan 3, 1938
 I last saw him alive on Jan 3, 1938 Death is said to have occurred on the date stated above, at 10 P. m.
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8, 1925
 7. AGE YEARS 12 MONTHS 7 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.

Tetanus Date of onset _____

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

Other contributory causes of importance:
malnutrition in right foot

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Otterville, MO.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

FATHER 13. NAME Asa Vest Bishop
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper County, MO.

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.

MOTHER 15. MAIDEN NAME Jo Ellis
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper County, MO.

Manner of injury _____
 Nature of injury _____

17. INFORMANT Asa Bishop
 (ADDRESS) Otterville, Mo.

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Otterville, Mo. DATE Jan. 5, 1938

19. UNDERTAKER Dasher Funeral Service
 (ADDRESS) Otterville, Mo.

(Signed) M. P. Slack M. D.
 (Address) Sedalia Mo

20. FILED Jan 4 1938 Jesse Slack
 Registrar.

Exact statement of OCCUPATION is very important.

RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH