

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.

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

Do not use this space.

REC'D MAR 14 1938

5917

1. PLACE OF DEATH

County Adair
Township Morrison
City Stark (No.)

Registration District No. 1039
Primary Registration District No. 5010

File No.
Registered No.
St. Ward)

2. FULL NAME Martha Bishop 210

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

Length of residence in city or town where death occurred yrs. 4 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-28-1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 0 13

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

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) Macomb, Ill

13. NAME Oliver P. Stewart 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

15. MAIDEN NAME Sarah E. Willard

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

17. INFORMANT Cora Phipps (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Kirkville, Mo DATE 2-17- 1938

19. UNDERTAKER Dee Riley Funeral Home (ADDRESS) Kirkville, Mo

20. FILED Feb 28 1938 Mrs J. K. Morelock Registrar. 17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from his last residence at Stark, Mo. 19, 1938. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:
She had sigmoid
attack of apoplexy & from
that
last attack she had
since died of apoplexy
Other contributory causes of importance:
92 a 1

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? 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 F. B. Fanning, M. D.
(Signed) F. B. Fanning, M. D. (Address) Kirkville, Mo

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