DEC'D MAR 17 1938

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

Do not use this space.

1. PLACE OF DEATH
County Jefferson — Registration District No. 421 55 15 — File No. 7139
Township Joachim — Primary Registration District No. 4249 — Registered No. 16
City Festus (No. ..... St. ..... Ward)

2. FULL NAME John Franklin Bisch 200
(a) Residence, No. Festus, R#2 (Usual place of abode) 20 St., ... Ward. (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 male
4. COLOR OR RACE colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5 - 27 - 1879
7. AGE YEARS 58 MONTHS 8 DAYS 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. minor
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) 1933 - May
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Valley Mines Missouri

FATHER
13. NAME Antwine Bisch
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near St. Genevieve Mo.

MOTHER
15. MAIDEN NAME Manerva Comm
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Desot Mo.

17. INFORMANT (ADDRESS) Mrs. Ida Bish
18. BURIAL, CREMATION, OR REMOVAL PLACE Herculeum DATE Feb 13 1938
19. UNDERTAKER (ADDRESS) Dement & Son
20. FILED 2/12 1938 J E Rutledge MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 10, 1938
22. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1936, to Feb. 10, 1938
I last saw him alive on February 10, 1938. Death is said to have occurred on the date stated above, at 10:45 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Silicosis	Unknown
Chronic Myocarditis	
Asthma	

Other contributory causes of importance:

93C

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 .....
(Signed) [signature], M. D.
(Address) Festus Mo

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