

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.

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

Do not use this space.

NOV 23 1938

36341

1. PLACE OF DEATH
 County Morgan Registration District No. 598
 Township Morgan Primary Registration District No. 9355
 City Versailles (No. _____) St. _____ Ward _____

2. FULL NAME Delilah C. Bishop
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29-1875

7. AGE YEARS 63 MONTHS 7 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Camden County

13. NAME Abson Flipping

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden County

15. MAIDEN NAME Anna Holt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden County

17. INFORMANT (ADDRESS) F. B. Bishop Versailles, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Versailles City Cemetery DATE _____

19. UNDERTAKER (ADDRESS) W. F. Kidwell Versailles, Missouri

20. FILED _____ 19 _____ Registrar R40

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h. w. alive on Oct 15, 1938. Death is said to have occurred on the date stated above, at 4:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of uterus Date of onset 1932
40
 Other contributory causes of importance:
Uterine hemorrhage 10-14-38

Name of operation Radium Date of 1933
 What test confirmed diagnosis? history 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) A. J. Pearson M. D.
Versailles Mo (Address)

RECEIVED

District Health Officer No. 7

District File Number 7-38-312

Date Filed 11-9-38

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

36341

Do not use this space.

1. PLACE OF DEATH

(a) County Morgan Registration District No. 598

(b) Township _____ Primary Registration District No. 4355 Registered No. 36

(c) City Versailles (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Delilah C. Bishop

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) march 29 1872

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,	hrs.	min.
<u>63</u>	<u>7</u>	<u>14</u>				

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

9. Industry or business in which work was done, as 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) Camden Mo.

FATHER

13. NAME Abson Thippin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden Mo.

MOTHER

15. MAIDEN NAME Auna Holt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden Mo.

17. INFORMANT (ADDRESS) T. B. Bishop Versailles Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Versailles Mo. DATE Oct. 18, 1938

19. FUNERAL DIRECTOR (ADDRESS) W. T. Tidwell Versailles Mo.

20. FILED Dec. 8, 1938 W. T. Berry, Jr. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____.

I last saw her alive on Oct 15 - 1938. Death is said to have occurred on the date stated above, at 4:30 P.M.

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

Carcinoma of uterus Date of onset 10/14 1938

uterus Hemorrhage

Other contributory causes of importance: Radium Date of 1933

Name of operation Radium Date of 1933

What test confirmed diagnosis? History 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) A. J. Burton, M. D.
(Address) Versailles 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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

