

JAN 10 1939

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

Do not use this space.

42737

1. PLACE OF DEATH

County Clark  
Township  
City Kahoka (No. 2)

Registration District No. 190  
Primary Registration District No. H11a

File No.  
Registered No. 49  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Anna Belle Bishoff

(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 F. M. 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 E. H. Bishoff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 22 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
83 11 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At 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) West Virginia

13. NAME Samuel Mathick

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Virginia

15. MAIDEN NAME Mary Gudeman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Virginia

17. INFORMANT (ADDRESS) Wm Barton Proctor Kahoka Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Williamstown Cemetery Jan 3 1939

19. UNDERTAKER (ADDRESS) Fred Kable Kahoka Mo.

20. FILED 3 1939 J.P. Brodsky Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 31 1938

22. I HEREBY CERTIFY, That I attended deceased from Did not see, 1938, to 1938, 1938.  
I first saw her alive on 1938. Death is said

to have occurred on the date stated above, at 4 P.M.

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

Influenzal Pneumonia Date of onset

Other contributory causes of importance: 110

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 \_\_\_\_\_, 1938

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) Grace L. Gray M.D.  
(Address) Kahoka Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

RECEIVED

District Health Officer No. 10

District File No. 10-38-858

Date Filed 1-11-39