

REC'D SEP 14 1939

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

29414

Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
(b) Township Jasper Primary Registration District No. 2002 Registered No.
(c) City Jasper or (d) Street No. 2128 Moffet 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 LYDIA JANE BISHOP

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Dan Bishop</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-17-1873</u>		
7. AGE	YEARS <u>66</u>	MONTHS <u>3</u>
	DAYS <u>17</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>House Wife</u>	
	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	

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas</u>
	13. NAME <u>Jim Robinson ?</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't Know</u>
	15. MAIDEN NAME <u>Davelave</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't Know</u>
	17. INFORMANT <u>Mrs. John Thompson</u> (ADDRESS) <u>Seneca Mo. 8128 Moffet</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Seneca, Mo.</u> DATE <u>Aug 6, 1939</u>
	19. FUNERAL DIRECTOR (NAME) <u>W. B. Burdard</u> (ADDRESS) <u>Seneca Mo.</u>
	20. FILED <u>8-8-39</u> <u>Ed E. James</u> Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 6, 193922. I HEREBY CERTIFY, That I attended deceased from on Jul 20, 1939 to 8-6-39, 1939I last saw h. alive on 8-6-39. Death is said to have occurred on the date stated above, at 9:45 AM.

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

Cerebral hemorrhage
cause(?) of 2h

Date of onset

Other contributory causes of importance:

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) Ed E. James, M. D.272 (Address) Seneca Mo.

RECEIVED

District Health Officer No. 6,

District File Number 939-1813

Date Filed SEP 8 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed B. W. Buzzard
Licensed Embalmer No. 2334
P. O. Address Seneca Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.