

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.

FEB 27 1935

1. PLACE OF DEATH

County Montana
 Township California
 City California (No. _____)

Registration District No. 571Primary Registration District No. 41335File No. 2140Registered No. 8

St. _____ Ward _____

2. FULL NAME

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Bishop6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 26 - 1892

7. AGE YEARS 42 MONTHS 3 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Coals Co13. NAME Nathan William14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bates Co, Mo.15. MAIDEN NAME Connelley Sartain16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montana Co17. INFORMANT Mrs. M. F. Gaultch (ADDRESS) California Mo18. BURIAL, CREMATION, OR REMOVAL PLACE City Cem DATE 2/2 193519. UNDERTAKER Hilleman & Friedman (ADDRESS) California Mo20. FILED 2-2-1935 H. R. Bishop Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 31 193522. I HEREBY CERTIFY That I attended deceased from Dec 17 1934, to Jan 31 1935I last saw her alive on Jan 31 1935 Death is saidto have occurred on the date stated above, at 2:30 P.m.

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

acute Pericarditis andEndo CarditisOther contributory causes of importance 5 yearsName of operation none Date of _____What test confirmed diagnosis? clinical 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) Edgar A. Thibbs M. D.(Address) California Mo.

