

EC 26 1928

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

Do not use this space.

36094

1. PLACE OF DEATH

County... Buchanan  
Township.....  
City... St. Joseph (No. 1505 Olive St.)

Registration District No. 85  
Primary Registration District No. 1001

File No.....  
Registered No. 1270  
St. .... Ward)

2. FULL NAME

Marion Bisbee  
1505 Olive Street

(a) Residence No. 1505 Olive Street Ward. (If nonresident give city or town and State)  
(Usual place of abode)  
Length of residence in city or town where death occurred 4 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) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J.A. Bisbee

6. DATE OF BIRTH (MONTH, DAY AND YEAR) December 23-1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
74 10 15

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Household  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Grant County  
(STATE OR COUNTRY) Wisconsin

10. NAME OF FATHER James W. Brackett

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lancaster  
(STATE OR COUNTRY) Pennsylvania

12. MAIDEN NAME OF MOTHER Lucina Hamilton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lancaster  
(STATE OR COUNTRY) Pennsylvania

14. INFORMANT Mrs. C.H. Caneday  
1505 Olive Street

15. FILED 1928 John G. Galt REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 8th 1928

17. I HEREBY CERTIFY, That I attended deceased from 4 P.M. 1928 to 7 A.M. 1928 that I last saw h.s.v. alive on Nov. 7, 1928, and that death occurred, on the date stated above, at 2:15 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

~~Unknown~~ Influenza  
11/15 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Unknown (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No. DATE OF.....

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Gen. Symptoms.  
(Signed) J. Blanche B. Pennell, M.D.  
Nov. 8, 1928 (Address) Logan Bldg, 8th Edmond

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Jos. Memorial Park Cem  
DATE OF BURIAL Nov. 9- 1928

20. UNDERTAKER J. M. Mischoff  
ADDRESS 1302 Hanover St.

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.

