36

JUL 24 1929

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

Do not use this space.

21132

1. PLACE OF DEATH

County: Franklin — Registration District No. 294 — File No.

Township: Central — Primary Registration District No. V-409-B — Registered No. 26

City ..... (No. ..... St. ..... Ward)

2. FULL NAME: Mary Turner Bishop

(a) Residence. No. ..... St., ... Ward. St. Clair Mo
(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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND~~ OF (OR) WIFE OF: James E. Bishop

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct-15-1850

7. AGE: Years 78 — Months 4 — Days 14 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Franklin Co
(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: Richard Pierce
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Franklin Co
(STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Polly Pierce
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Franklin Co
(STATE OR COUNTRY): Mo

14. INFORMANT: Jim Bishop
(Address): St Clair Mo

15. FILED 6/29, 1929 W. E. Mitchell, REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 29 1929

17. I HEREBY CERTIFY, That I attended deceased from June 25, 1929, to June 29, 1929, that I last saw her alive on June 29, 1929 and that death occurred, on the date stated above, at 7 20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Perforation of Intestine
120B
123A (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Enteric Colitis
(duration) ..... yrs. ..... mos. 4 ds.

114B

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? Clinical

(Signed) W. Henry Duckworth, M.D.
, 19 (Address) St Clair Mo

*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: Oak Grove Cemetery — DATE OF BURIAL: 6-30 1929

20. UNDERTAKER: Margie B. Duckworth — ADDRESS: St Clair 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.

233