

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis No. 4018 Papin

File No. 39024
Registered No. 11503
St. Ward)

2. FULL NAME

(a) Residence. No. 4018 Papin St. 18 Ward. (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 <u>Female</u>		4. COLOR OR RACE <u>Colored</u>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widow</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 8 1874</u>					
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.	
<u>55</u>	<u>5</u>	<u>14</u>			
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work <u>Home Work</u>					
(b) General nature of industry, business, or establishment in which employed (or employer)					
(c) Name of employer					
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Joseph Missouri</u>					
10. NAME OF FATHER <u>Joseph Bishan</u>					
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)					
12. MAIDEN NAME OF MOTHER <u>Sarah Coleman</u>					
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)					
14. INFORMANT (Address) <u>Max C. Barker</u>					
15. NOV 25 1929 FILED 19 REGISTRAR					

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-22-1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1929, to Nov 22, 1929 that I last saw h. live on Nov 20, 1929 and that death occurred, on the date stated above, at 7A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic interstia
al nephritis
131 (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1290 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 1290

IF NOT AT PLACE OF DEATH.....

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

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Microscopic

(Signed) Max C. Barker

*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 DATE OF BURIAL
Greenwood Under 11-25-1929

20. UNDERTAKER ADDRESS 4202
Max C. Barker

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.

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