

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.

JUN 21 1935

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

Do not use this space.

16338 ✓

1. PLACE OF DEATH

County Jackson Registration District No. 398  
Township Blue Primary Registration District No. 3019  
City Independence Mo. (No. 606 W. Walnut)

File No. \_\_\_\_\_  
Registered No. 166  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

John Tom Bishop

(a) Residence, No. 1415-st. 14.6. Mo. 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. 2 mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sarah E. Bishop</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 3, 1850</u>		
7. AGE	YEARS <u>84</u>	MONTHS <u>8</u>
	DAYS <u>20</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	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. <u>Armor Packing Co.</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Dec. 24, 1930</u>	11. Total time (years) spent in this occupation <u>12</u>
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pulasky Co. Ky.</u>	
	13. NAME <u>John Tom Bishop</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pulasky Co. Ky.</u>	
MOTHER	15. MAIDEN NAME	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT (ADDRESS) <u>606 W. Walnut St. Ind.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hazel Grove, Mo. DATE <u>May 26, 1935</u></u>		
19. UNDERTAKER (ADDRESS) <u>Otto Mitchell, Independence, Mo.</u>		
20. FILED <u>5-28-1935</u> <u>F. L. Cook</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1935 to May 25, 1935  
I last saw him alive on: May 25, 1935 Death is said to have occurred on the date stated above, at 7:30 AM  
The principal cause of death and related causes of importance were as follows:  
Cardio-vascular renal disease  
fitting compensation  
Other contributory causes of importance:  
Chronic interstitial nephritis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Chronic 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? no  
If so, specify \_\_\_\_\_  
(Signed) Ed Miller, M. D.  
(Address) Independence, Mo.

