

REC'D AUG 24 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

25125

Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 213
 (b) Township _____ Primary Registration District No. 3014
 (c) City Jefferson City (d) Street No. 1307 E State St Registered No. 221
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S. if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 1307 E State St J.C.M.O. St. J.C.M.O.
 (Usual place of abode, if no street address, give county or city) (If nonresident, give city or town and State)

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 Phillip Bishop
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 19, 1877
 7. AGE YEARS 61 MONTHS 4 DAYS 26 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. housewife
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Marion, Mo. (STATE OR COUNTRY) Cole Co.

13. NAME Geo. W. Bickman

14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) unknown

15. MAIDEN NAME Mattie Taggart

16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) unknown

17. INFORMANT Mr Phillip Bishop (ADDRESS) 1307 E State J.C.M.O.

18. BURIAL, CREMATION, OR REMOVAL PLACE Marion, Mo. DATE July 14, 1938

19. FUNERAL DIRECTOR Breacher Funeral Home (ADDRESS) Jefferson City, Mo.

20. FILED 7/14/38 P. H. Bishop Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13th, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 2nd, 1938 to July 12th, 1938.
 Last saw him alive on July 12th, 1938. Death is said to have occurred on the date stated above, at 2:50 A.M.
 The principal cause of death and related causes of importance were as follows:

Pernicious Anemia

Date of onset

Other contributory causes of importance: Chronic Hypertension

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? _____

_____, specify _____

(Signed) James H. H. H. M. D.

(Address) 626 Jefferson St

STATEMENT BY LICENSED EMBALMER

I, Victor Buescher, Licensed Embalmer No. 3701
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.
Signed Victor Buescher
Licensed Embalmer No. 3701

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)