

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

Do not use this space.

1. PLACE OF DEATH

County Ray
Township _____
City Hardin (No. _____)

Registration District No. 740
Primary Registration District No. 1111

File No. 917806
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Hardin 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. 45 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF E. M. Summers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26 - 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 10 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1930 11. Total time (years) spent in this occupation 48

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER 13. NAME Wesley Bishop

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

MOTHER 15. MAIDEN NAME Elizabeth Hipshine

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT E. M. Summers (ADDRESS) Hardin Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hardin Cen DATE May 16 1934

19. UNDERTAKER Jno W. Knirschchild (ADDRESS) Hardin Mo

20. FILED May 16 1934 R. H. Williford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14 1934

22. I HEREBY CERTIFY, That I attended deceased from May 14 1934 to May 14 1934

I last saw him alive on Feb 1 1934 Death is said

to have occurred on the date stated above, at 2 A. M.

The principal cause of death and related causes of importance were as follows:

Paralysis
Head Suddenly - Had 3 or 4
strokes of Paralysis (Hemiplegia)
Left Side: 1st stroke in 1914
and has been an invalid since -

Date of onset
5/14/34

Other contributory causes of importance:

Arterio-sclerosis 20 yrs.

Name of operation S. P. 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? No
If so, specify _____

(Signed) Marion Grimes, M. D.
(Address) Hardin, 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.

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1834

APR 29 1957