OCT 28 1927

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

Do not use this space.

28298

1. PLACE OF DEATH
County St. Louis
Township CARONDELET
City
Registration District No. 1123
Primary Registration District No. 6248 E
(No. MT. SAINT ROSE SANATORIUM St. Ward)
File No.
Registered No. 340

2. FULL NAME Irene Isom
(a) Residence. No. St., Ward. Springfield, Ill.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 3 mos. 10 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 OF (OR) WIFE OF H. C. Isom
6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 28 - 1903
7. AGE Years 24 Months 2 Days 19 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) Renault
(STATE OR COUNTRY) Ill.

PARENTS
10. NAME OF FATHER J. D. McNelly
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kidd
(STATE OR COUNTRY) Ill.
12. MAIDEN NAME OF MOTHER Mayme Mr. Mrs.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Franklin
(STATE OR COUNTRY) Ill.

14. INFORMANT Hospital Records
(Address) MT. SAINT ROSE SANATORIUM

15. FILED Sept. 17 1927 L. C. Obrock REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) September 17 1927
17. I HEREBY CERTIFY, That I attended deceased from June 7, 1927, to Sept. 17, 1927 that I last saw her alive on Sept. 17, 1927, and that death occurred, on the date stated above, at 11:50 A.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
CHRONIC PULMONARY TUBERCULOSIS
(duration) about Kiss yrs. mos. ds.
CONTRIBUTORY (SECONDARY) TUBERCULOUS ENTERITIS
(duration) about Kiss yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? down Kiss
DID AN OPERATION PRECEDE DEATH? no. DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Sputum.
(Signed) Jacobina Schlenker, M. D.
9/17, 1927 (Address) 3515 S. Grand Bl. Sph

*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 Dupont Ill.
DATE OF BURIAL Sept. 17 1927
20. UNDERTAKER Daschner V. Co.
ADDRESS Dupont Ill.

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.