

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

Do not use this space.

6835

1. PLACE OF DEATH

County.....
Township.....
City..... *St. Louis*

Registration District No. *791*
Primary Registration District No. *1003*

File No.....
Registered No. *1792*
St. Ward)

2. FULL NAME

(a) Residence. No. St., *12* Ward. *Chicago Ill*
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 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 *Kathryn*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Nov 8 - 1880*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>47</i>	<i>3</i>	<i>8</i>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Clerk*
(b) General nature of industry, business, or establishment in which employed (or employer) *Railroad*
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Canada*

10. NAME OF FATHER *John D. Mac Isaac*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Canada*

12. MAIDEN NAME OF MOTHER *Mary Mac Donald*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Canada*

14. INFORMANT *Helen Mc Isaac*
(Address) *Chicago Ill*

15. FILED *FEB 13 1929* *Thas C. Starkoff*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3 16. DATE OF DEATH (MONTH, DAY AND YEAR) *Feb 16 1928*

17. I HEREBY CERTIFY That I attended deceased from *Sept 16 1928* to *Feb 16 1928* that I last saw him alive on *Feb 16 1928* and that death occurred, on the date stated above, at *5:35 P.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Pancreas
46F

46F abt. (duration) *1* yrs. mos. da.
CONTRIBUTORY *Small stones*
(SECONDARY) *Symptoms only* (duration) *7* mos. da.

18. WHERE WAS DISEASE CONTRACTED *Chicago Ill*
IF NOT AT PLACE OF DEATH: *Chicago Ill*
1 DID AN OPERATION PRECEDE DEATH? *Yes* DATE OF *Feb 11 - 28*

WAS THERE AN AUTOPSY? *No*
WHAT TEST CONFIRMED DIAGNOSIS: *Clinical Lab. X-Ray + operation*
(Signed) *R. E. Priestly*, M. D.
Feb 19, 1928 (Address) *1106 No. 13th*

*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 *Calvary* DATE OF BURIAL *2-20 1928*

20. UNDERTAKER *Southern* ADDRESS *73 N S. Bindig*

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.

↓
Mrs. [unclear] Bldg