WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

B 7/6517

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kan — Primary Registration District No. 1002
City K.C. Mo. (No. U. S. Post Office St. Ward)

File No. 680
Registered No.

2. FULL NAME Willard A. Isham
(a) Residence. No. 1216 Holmes St., 2 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Laura B. Isham

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mch-14-1864

7. AGE: Years 64 | Months 10 | Days 25 | If LESS than 1 day, ...hrs. or ....min.

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): U. S. Post Office
(c) Name of employer

2 3

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Michigan

2

PARENTS

10. NAME OF FATHER: Wm V. Isham
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): No Record
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

3 1

3 1

14. INFORMANT: Raymond Isham
(Address) 147 So Wheeling Ave

15. FILED 2-10, 1929 M M Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb-9 1929

17. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19..., to ..., 19..., that I last saw h..... alive on ..., 19..., and that death occurred, on the date stated above, at ....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis
42A
92C
(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) Chronic endocarditis
(duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? autopsy
(Signed) Stanley M Hall, M. D
2-10, 1929 (Address) Deputy Coroner

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*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: Mt. Moriah
DATE OF BURIAL: Feb. 11, 1929

20. UNDERTAKER: Mrs. C. L. Forster
ADDRESS: K.C. Mo.