

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.

MAR 28 1930

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

Do not use this space.

6058

**1. PLACE OF DEATH**

County Randolph  
Township \_\_\_\_\_  
City Huntsville (No. \_\_\_\_\_)

Registration District No. 733  
Primary Registration District No. 4438

File No. \_\_\_\_\_  
Registered No. 6  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Adah Mand Israel

(a) Residence. No. \_\_\_\_\_ 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. 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) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 11, 1907  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
22    5    6

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work General House work  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Huntsville  
(STATE OR COUNTRY) \_\_\_\_\_

10. NAME OF FATHER David Israel  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ill.  
(STATE OR COUNTRY) \_\_\_\_\_  
12. MAIDEN NAME OF MOTHER Hattie Jones  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Callaway Co  
(STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT Mrs Hattie Israel  
(Address) Huntsville, Mo

15. Mar 7 1930 GG Pragg  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 17 1930  
17. I HEREBY CERTIFY, That I attended deceased from 7/27/29, 19\_\_\_\_, to 2/17/30, 19\_\_\_\_, that I last saw her alive on 2/17/30, 19\_\_\_\_, and that death occurred, on the date stated above, at 2 a.m. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
osteo arthritis,  
an ossification of all  
joints 57A  
6 years 5 1/2 (duration) yrs. mos. ds.  
Probable, Rheumatism

CONTRIBUTORY (SECONDARY) 6 years (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
at place of death  
IF NOT AT PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) R. H. Capperly M. D.  
. 19 (Address) Huntsville, Mo

\*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 Huntsville DATE OF BURIAL Feb 19 1930

20. UNDERTAKER Tom B. Cotton ADDRESS Huntsville Mo

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