

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

Do not use this space.

39793

**1. PLACE OF DEATH**

County Jasper Registration District No. 411  
Township Galena Primary Registration District No. 2002  
City Jasper (No. ....) St. .... Ward)

File No. ....  
Registered No. ....

**2. FULL NAME**

John Isaacs  
(a) Residence. No. 3122 Sergeant 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 Male 4. COLOR OR RACE Caucasian 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr John Isaacs

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 24 - 1876

7. AGE 53 YEARS MONTHS 10 DAYS 19 IF LESS than 1 day, ....hrs. or ....min.

**B. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work miner  
(b) General nature of industry, business, or establishment in which employed (or employer) Lead & zinc mines  
(c) Name of employer Evans Wallower Lead Co

9. BIRTHPLACE (CITY OR TOWN) Park Castle Co. Ky.  
(STATE OR COUNTRY)

10. NAME OF FATHER Garrison Isaacs

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Same as above  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Sally Chestnut

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Same as above  
(STATE OR COUNTRY)

14. INFORMANT Mrs John Isaacs  
(Address) 3122 Serg.

15. FILED 1/7/30 Abner Clark  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 5 1930

17. I HEREBY CERTIFY, That I attended deceased from on  
Dec 5 1930 to Dec 5 1930  
that I last saw him alive on X, 1930, and that death occurred, on the date stated above, at.....m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chr Tuberculosis  
23A  
23B

(duration) 4 yrs. .... mos. .... ds.

CONTRIBUTORY Pulmonary Hemorrhage  
(SECONDARY) (duration) .... yrs. .... mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? No DATE OF .....  
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Smear & histology  
(Signed) W. J. Mumforth M. D.

12/6/1930 (Address) 206 Finis Bldg Joplin  
\*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 Oak Hill Cemetery DATE OF BURIAL Dec 9 1930

20. UNDERTAKER Porter Clark ADDRESS Galena Kans

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.

WHITE PRINTING, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JAN 20 1931

