

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

Do not use this space.

807

1. PLACE OF DEATH

County Dunklin Registration District No. 290
 Township Palmer Primary Registration District No. 5408
 City (No. St. Ward)

2. FULL NAME

Paul David Isbell

(a) Residence. No. St. Ward.
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct 30, 1930</u>		
7. AGE YEARS	MONTHS	DAYS
	<u>2</u>	<u>4</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Senath, Mo. 1

PARENTS	10. NAME OF FATHER <u>A. W. Isbell</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Senath, Mo. 2</u>
	12. MAIDEN NAME OF MOTHER <u>Melissa Campbell</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>

14. INFORMANT (Address) A. W. Isbell Senath, Mo.

15. FILED 2-1, 1931 H. H. [unclear] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 4 1931
 17. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1930, to Jan 3, 1931 that I last saw h. alive on Jan 3, 1931, and that death occurred, on the date stated above, at 6 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Capillary Bronchitis
 (duration) yrs. mos. ds. 6 ds.

CONTRIBUTORY (SECONDARY) 1078
 (duration) yrs. mos. ds.
 18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? DATE OF
 WAS THERE AN AUTOPSY? (1)
 WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) Robert L. Martin, M. D.
 (Address) Senath, 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 DATE OF BURIAL
Senath Cemetery Jan 5, 1931
 20. UNDERTAKER ADDRESS
McRae's Funeral Home Senath, Mo.

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.

FEB 18 1931

RECORD WITH CHANGING IN THIS IS A PERMANENT RECORD

