

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1000  
 City St. Louis (No. Central Hospital, 4518 Washington St. Ward)

**2923**

File No. ....  
 Registered No. 629

**2. FULL NAME** Alonzo Isherwood  
 (a) Residence, No. Alcazar Hotel, 3127 Locust, 21 Ward. (If nonresident, give city or town and State)  
 (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.

**PERSONAL AND STATISTICAL PARTICULARS**

<b>3. SEX</b> Male		<b>4. COLOR OR RACE</b> White		<b>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED</b> (write the word) Single	
<b>6. DATE OF BIRTH</b> (MONTH, DAY, AND YEAR) <u>Unknown</u>					
<b>7. AGE</b> YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min. <u>About 78</u>					
<b>OCCUPATION</b>	<b>8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.</b> <u>Banker</u>				
	<b>9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.</b> <u>Retired</u>				
	<b>10. Date deceased last worked at this occupation (month and year)</b> <b>11. Total time (years) spent in this occupation.</b>				
<b>12. BIRTHPLACE</b> (CITY OR TOWN) (STATE OR COUNTRY) <u>mt. Vernon 2</u>					
<b>FATHER</b>	<b>13. NAME</b> <u>Thomas Lee Isherwood</u>				
	<b>14. BIRTHPLACE</b> (CITY OR TOWN) (STATE OR COUNTRY) <u>Pa</u>				
<b>MOTHER</b>	<b>15. MAIDEN NAME</b> <u>Antensius Lowry</u>				
	<b>16. BIRTHPLACE</b> (CITY OR TOWN) (STATE OR COUNTRY) <u>P. a</u>				
<b>17. INFORMANT</b> (ADDRESS) <u>Dr. Lee Isherwood</u>					
<b>18. BURIAL, CREMATION, OR REMOVAL</b> PLACE DATE <u>Jan 23 1931</u>					
<b>19. UNDERTAKER</b> (ADDRESS) <u>Oray Undertaking Co.</u>					
<b>20. FILED</b> <u>Jan 20 1931</u> Registrar					

**MEDICAL CERTIFICATE OF DEATH**  
No Physician in Attendance

**21. DATE OF DEATH** (MONTH, DAY, AND YEAR) Jan. 19, 1932

**22. I HEREBY CERTIFY**, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 2:10A.m.

The principal cause of death and related causes of importance were as follows:  
Spurious Myocarditis Date of onset 934

Other contributory causes of importance: 934

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? yes

**23. If death was due to external causes** (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury..... 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury No Injury  
 Nature of injury No Injury

**24. Was disease or injury in any way related to occupation of deceased?**  
 If so, specify.....  
 (Signed) John H. Kelsey M.D.  
1/20/31 Registrar

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.

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August 20, 1902

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