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.

APR 24 1933

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

Do not use this space.

10587

1. PLACE OF DEATH
County Pettis — Registration District No. 668 — File No.
Township — Primary Registration District No. 3032 — Registered No. 72
City Sedalia (No. 1012 East 5th St. Ward)

2. FULL NAME Jacob Eiseman
(a) Residence, No. 1012 East 5th St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? 75 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucy Eiseman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 31 1843
7. AGE YEARS 89 MONTHS 11 DAYS 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rail Road Shops
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER
13. NAME Gottliep Eiseman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Miss Julia Eiseman Sedalia
18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE 3/9/33 19
19. UNDERTAKER (ADDRESS) McLaughlin Bros Sedalia Mo
20. FILED 3-9 1933 J. L. Love Registrar.

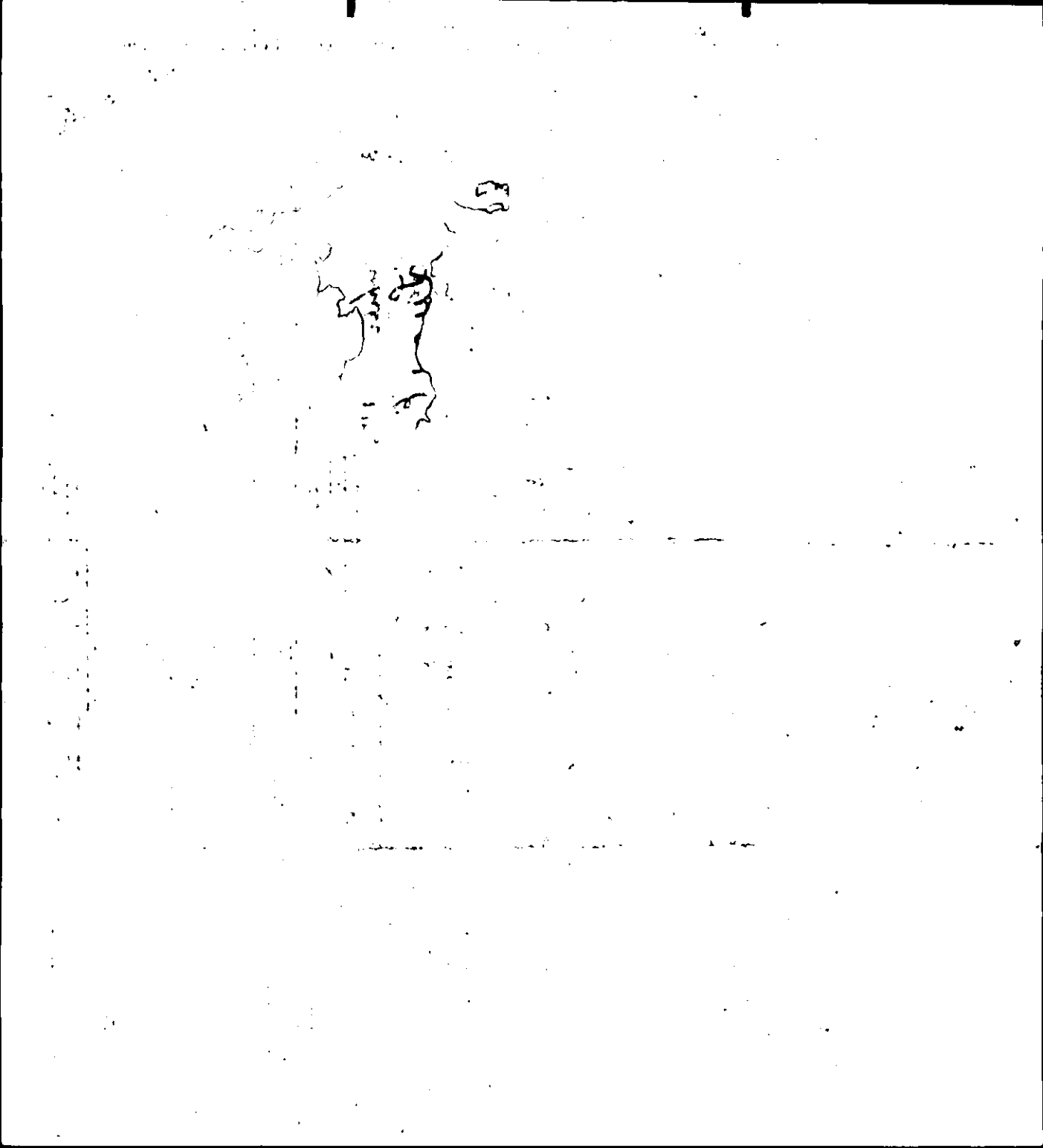
MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7 1933

I HEREBY CERTIFY That I attended deceased from March 7 1933 to March 7 1933
I last saw him alive on March 7 1933 Death is said to have occurred on the date stated above, at 12:30 p m.
The principal cause of death and related causes of importance were as follows:

Coronary embolism — Date of onset 9 P.D.
I have attended this patient previously. He has had a hypertension — Don't
Other contributory causes of importance: Hypertension of several years duration — 99

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

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
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) C. B. Frader M.D.
(Address) 112 W 4 St Sedalia Mo.