

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

Do not use this space.

JUN 23 1933

**PLACE OF DEATH**

County Mississippi Registration District No. 5-67  
Township East Prairie Mo. Primary Registration District No. 4394  
City East Prairie Mo. (No. ....) Ward (.....)

File No. 17201  
Registered No. 31

**FULL NAME**

(a) Residence, No. Isadore Manuel Ward. ....  
(Usual place of abode) East Prairie Mo. St.

Length of residence in city or town where death occurred 8 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>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF - <u>Isadore Manuel</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 4 - 1857</u>				
7. AGE	YEARS <u>76</u>	MONTHS <u>4</u>	DAYS <u>8</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Keeper</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	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) <u>Johnston Co. Ill.</u>				
MOTHER	13. NAME <u>Mark Miller</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Carolina</u>			
	15. MAIDEN NAME <u>Mary Shelton</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Johnston Co. Ill.</u>			
17. INFORMANT (ADDRESS) <u>Blanche Shelby, East Prairie Mo.</u>				
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Oak Lawn, Kennett, Mo.</u> DATE <u>May 14 1933</u>				
19. UNDERTAKER (ADDRESS) <u>David H. Shelby, East Prairie Mo.</u>				
20. FILED <u>5-12 1933</u> <u>Diff M. Hodges</u> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12 1933

22. I HEREBY CERTIFY That I attended deceased from New 1932 to May 12 1933  
I last saw live on May 12 1933 Death is said to have occurred on the date stated above, at 11:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Arterio-Sclerosis Date of onset .....

Chr. Bronchitis .....

Senility .....

Other contributory causes of importance:  
Influenza .....

Name of operation .....

What test confirmed diagnosis? .....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify Arterio-Sclerosis (Signed) E. Martin M. D.  
(Address) East Prairie 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

