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

Do not use this space.

27678

File No. .....

Registered No. 7554

1. PLACE OF DEATH

County ..... Registration District No. 191

Township ..... Primary Registration District No. 1113

City St. Louis (No. City Hosp. ..... St. ..... Ward)

2. FULL NAME Chas. Isom.

(a) Residence, No. 4584 1519 Fairmount St. 14 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	white	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hattie Isom

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15 1868

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
65	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

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) Wright Co. Mo.

FATHER

13. NAME Wm Isom.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

MOTHER

15. MAIDEN NAME ? Blanton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

17. INFORMANT Hosp. Dept. City Hosp. (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mathews DATE Sept 1 1933

19. UNDERTAKER Sharby Figand Hem (ADDRESS) 4 Bates Wright Co Mo

20. FILED SEP 1 1933 19 J. A. Bledeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 29 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-8 1933, to 8-29 1933, I last saw him alive on 8-29 1933. Death is said to have occurred on the date stated above, at 5.00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr myocarditis	
Benign hypertrophy Prostate	
13 M.	
Other contributory causes of importance:	
75 C	
135 C	
Nonpublic operation	8-26

Name of operation ..... Date of 1933

What test confirmed diagnosis? ..... Was there an autopsy? No

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? .....

If so, specify .....

(Signed) M. Wassman, M. D.

(Address) City Hosp.