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

Do not use this space.

1. PLACE OF DEATH
County Carroll — Registration District No. 135 — File No.
Township Carrollton — Primary Registration District No. 3010 — Registered No. 78
City Carrollton (No. , St. Ward)

2. FULL NAME Hannah Isaacs
(a) Residence, No. 216 South Main St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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

3. SEX: Fe.
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joe Isaacs

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 18, 1850

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
83	0	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Bradford England

FATHER
13. NAME John Crowther
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER
15. MAIDEN NAME Susanna Brooks
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) Miss Sue Isaacs Carrollton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill Cemetery DATE 9-24-1933

19. UNDERTAKER (ADDRESS) Standley Funeral Home Carrollton, Mo.

20. FILED 9-24 1933 Mrs E E Farnham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-1, 1933, to Sept 22, 1933
I last saw her alive on 9-21, 1933. Death is said to have occurred on the date stated above, at 7:00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Arteriosclerosis	
Senility	
Other contributory causes of importance	
Chr Osto Arthritis	

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?
If so, specify
(Signed) H. O. Scovern, M. D.
(Address) Carrollton, Mo

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

OCT 20 1933

No. 2