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.

JAN 26 1934

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

Do not use this space.

41092

File No. .....

Registered No. 292

1. PLACE OF DEATH

County Randolph — Registration District No. 735

Township ..... — Primary Registration District No. 3034

City Moberly (No. 615 West End Place St. ..... Ward)

2. FULL NAME Minnie L Isaacs

(a) Residence, No. 615 West End Pl 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: Female

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: Walker J Isaacs

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): No data

7. AGE: Years 60 — Months — — Days — — If LESS than 1 day, ...hrs. or ....min.

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): Mo.

FATHER

13. NAME: Ephraim Young

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tex

MOTHER

15. MAIDEN NAME: Lucretia. Shields

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): Walker J Isaacs Moberly Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE: Macedonia DATE: 12-12 1933

19. UNDERTAKER (ADDRESS): Mahan and Son Moberly Mo

20. FILED: 12/11 1933 Virginia Walker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 10th 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1933, to Dec 10, 1933

I last saw her alive on Dec 10, 1933. Death is said to have occurred on the date stated above, at 9:40 P.m.

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

	Date of onset
Nephritis, acute	12/3/33
130	
132 B	

Other contributory causes of importance:

Uraemia

Name of operation — Date of .....

What test confirmed diagnosis? Clin Signs 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? No

If so, specify .....

(Signed) C C Smith, M. D.

(Address) Moberly, Mo.