SEP 12 1934

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

Do not use this space.

1. PLACE OF DEATH

County: Dent — Registration District No. 266 — File No. 28822

Township: Short Bend — Primary Registration District No. 5-377 — Registered No. 5-6

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Isaac Lester Freeman

(a) Residence, No. ..... 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: 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: Samantha Prugh

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 26 1848

7. AGE — Years: 86 — Months: 3 — Days: 29 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Banker
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): Madison Co Ohio

FATHER

13. NAME: John Freeman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ---- ---

MOTHER

15. MAIDEN NAME: Elizabeth Davidson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Madison Co Ohio ~~Mo~~

17. INFORMANT (ADDRESS): Harry Maledy Salem Mo

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Cedar Grove — DATE: 8/28/34, 19

19. UNDERTAKER (ADDRESS): Carl K Spencer Salem Mo

20. FILED 8/28/, 1934 H. E. Rudd, M. D. Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from February 2, 1932 to August 25, 1934

I last saw him alive on Aug. 25, 1934. Death is said to have occurred on the date stated above, at 10:30 p.m.

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

	Date of onset
Hypostatic Pneumonia	8/25/34
Senile Dementia	2/2/32

Other contributory causes of importance:

Diabetes Mellitus

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) Jas. N. McCarty, M. D.

(Address) Salem, 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.

#2

Dept.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

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Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Isaac Lister Freeman

Who died at _____ on Aug 25 - 1934

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex M Color or race W ~~Single~~, ~~married~~, widowed or ~~divorced:~~ _____

Date of birth _____ Age: Years 86 Months 3 Days 29

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Senile Dementia Hypostatic

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) pneumonia

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Broncho, Primary, 107a

Other contributory causes of importance Senile Debility

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician Jas W McCarty

Address of physician Salem Mo

Signature of Registrar W. E. Rudd Date filed

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

E. T. McGaugh M.D.
G.C.

Special Agent.

Reg. Dist. No. 266

Primary Reg. Dist. No. 5377

28822