

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.

WHITE PANEL, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Jun 19 1935

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

Do not use this space.

15812

1. PLACE OF DEATH

County Carroll  
Township Ridge  
City Bonanza (No. ....)

Registration District No. 134  
Primary Registration District No. 5186

File No. ....  
Registered No. 15 St. .... Ward)

2. FULL NAME

Isaac Lightfoot

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)  
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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Lightfoot

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17, 1848

7. AGE YEARS 87 MONTHS 1 DAYS 16 If LESS than 1 day, .... hrs. or .... min.

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

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) Andranon

13. NAME Isaac Lightfoot

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

15. MAIDEN NAME unknown

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

17. INFORMANT King Lightfoot (ADDRESS) Bonanza mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hurricane embury DATE May 5 1935

19. UNDERTAKER David J. Edwards (ADDRESS) Bonanza mo

20. FILED May 4, 1935 Mrs. Bess Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1 1935 to May 3 1935

I last saw deceased alive on May 2, 1935 Death is said to have occurred on the date stated above, at 4:40 P.m.

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

Myocarditis Date of onset .....

Other contributory cause of importance .....

Name of operation .....

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

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) W. B. Brown M. D.

(Address) Bonanza mo

