

JUL 20 1936

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

Do not use this space.

19018-B

1. PLACE OF DEATH

County..... Dexalb Registration District No. 263
Township..... Adams Primary Registration District No. 4162
City..... Weatherby (No.) St. Ward)

File No. 11
Registered No. 7

2. FULL NAME..... Albert Isaacs

(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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28 1867

7. AGE YEARS 68 MONTHS 11 DAYS 29 If LESS than 1 day,hra. ormin.

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

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) Missouri

13. NAME Amos Isaacs

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

15. MAIDEN NAME Ally Judah

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

17. INFORMANT Mrs Mollie Isaacs (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL Alta Vista Cem. DATE 5/29-36

19. UNDERTAKER U. G. Pilcher (ADDRESS) Maysville Mo.

20. FILED July 18 1936 James T. Gerald Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27 1936

22. I HEREBY CERTIFY, That I attended deceased from May 17 1936 to May 27 1936

I last saw him alive on May 26 1936 Death is said to have occurred on the date stated above, at 3:20 a.m.

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

acute Pyelitis of left kidney

Date of onset

Other contributory causes of importance

Hypertrophic Prostatitis
Chronic Ophthalmia

Name of operation Date of

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) W. R. Reynolds D.

(Address) Maysville, Mo.

MARGIN RESERVED FOR BINDING 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.

