

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 21 1936

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

Do not use this space.

401102

1. PLACE OF DEATH

County Stoddard Registration District No. 840
Township Buck Creek Primary Registration District No. 6102
City..... (No.....) St. Ward.....

File No.....
Registered No. 39

2. FULL NAME

Herschel Isaac Jr.

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6, 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 4 28

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

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) Painesville Mo.

13. NAME Lucile Isaac

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Painesville Mo.

15. MAIDEN NAME Effie Weaver

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

17. INFORMANT (ADDRESS) Lucile Isaac Painesville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Libertown Mo. DATE Oct 5 1936

19. UNDERTAKER (ADDRESS) Frederick White, Store Libertown Mo.

20. FILED Oct 5 1936 Vernon B. Hawk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 4 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 4 1936 to Oct 4, 1936
I last saw him alive on Oct 4, 1936. Death is said to have occurred on the date stated above, at 6 a. m.

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

Cocaine

Date of onset above
Sept 18

Other contributory causes of importance:

MMB

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

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) E. P. Ormrod, M. D.

(Address) Painesville Mo.

