APR 8 1937

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

Do not use this space.

File No. 9617
Registered No. 1334

1. PLACE OF DEATH
County Jackson
Township Kaw
City K.C. (No. 1848 Agnes St. Ward)
Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME Robert Isom
(a) Residence, No. 1848 Agnes 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: ma
4. COLOR OR RACE: wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Josephine Isom

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 17, 1878

7. AGE: YEARS 58 | 7 MONTHS | DAYS 27 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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): Virginia

FATHER
13. NAME: unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

MOTHER
15. MAIDEN NAME: unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): Raymond Isom K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenlawn Cem DATE 3-17 19 37

19. UNDERTAKER (ADDRESS): Tiguman & Son K.C. Mo.

20. FILED Mch 17 19 37 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3/13/37 19

22. I HEREBY CERTIFY That I attended deceased from Sept 19 Crowe, 19
I last saw h alive on 1/28 19 Death is said to have occurred on the date stated above, at 1:50 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot wound of the Chest	
195	

Other contributory causes of importance:

Name of operation: Autopsy 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 3/13/37 19
Where did injury occur? 1848 Agnes Kaw
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: Trauma by shotgun
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) [signature]

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.

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