JUL 27 1937

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

Do not use this space.

1. PLACE OF DEATH
County CAPE GIRARDEAU. Registration District No. 125 File No. 23372
Township Cape Gir. Primary Registration District No. 5178 Registered No. 197
City " " " (No. R.F.D. #2 CAPE GIRARDEAU MO. St. Ward)

2. FULL NAME ISACE RENFROW.
(a) Residence, No. CAPE GIRARDEAU R.F.D. #2 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: BLACK.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): MARRIED.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY, 4, 1874.
7. AGE: YEARS 62. MONTHS 11. DAYS 17. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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) CAPE CO MO.

FATHER
13. NAME ISACE RENFROW.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CAPE CO MO.

MOTHER
15. MAIDEN NAME JANE PIATE
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CAPE CO MO.

17. INFORMANT MRS ISACE RENFROW.
(ADDRESS) CAPE GIRARDEAU MO R.F.D. #2
18. BURIAL, CREMATION, OR REMOVAL
PLACE SHADY GROVE CEMT DATE JUNE, 24, 1937
19. UNDERTAKER HAMANIS FUNERAL HOME.
(ADDRESS) CAPE GIRARDEAU MO.
20. FILED 6-21, 1937 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE, 21, 1937
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at .....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
We the Jury Find the Deceased Isace Renfroe, Came to his Death by Heart Failure.	

Other contributory causes of importance:

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 4
24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) E. R. Trickey Coroner. X, ~~M.D.~~
(Address) 4. S. Pacific Cape Girardeau Ave

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.