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

Do not use this space.

File No. 31144

Registered No. 114

1. PLACE OF DEATH

County: Livingston — Registration District No. 508

Township: Chillicothe — Primary Registration District No. 5674

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Max Israel

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 22, 1917

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	20	5	8	

OCCUPATION

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

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) Livingston County
(STATE OR COUNTRY) Missouri

FATHER

13. NAME John F. Israel

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

MOTHER

15. MAIDEN NAME Myrtle Ruddy

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

17. INFORMANT John F. Israel
(ADDRESS) Chillicothe, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Christian DATE August 23, 1937

19. UNDERTAKER F. B. Norman
(ADDRESS) Chillicothe, Missouri

20. FILED Aug. 23, 1937 Harold McDowell M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-20, 1937 to 8-20, 1937

I last saw him alive on 8-20-, 1937. Death is said to have occurred on the date stated above, at 11:00pm.

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

	Date of onset
Poliomyelitis	8-17-1937

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Other contributory causes of importance: ✓

Name of operation Autopsy Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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) Reuben Barney M. D.

(Address) Chillicothe Mo.

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.