

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

Do not use this space.

37778

1. PLACE OF DEATH

County HOLT Registration District No. 374 File No. 177  
Township 2 Primary Registration District No. 5221 Registered No. 4  
City NEAR FORBES (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME URIAH MILTON ISAACS

(a) Residence, No. FORBES, MO. St. \_\_\_\_\_ Ward \_\_\_\_\_ (If nonresident, give city or town and State)  
(Usual place of abode)

Length of residence in city or town where death occurred 5 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 FLORENCE VIDA  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JANUARY 23, 1884  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
53 9 3

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) 5 11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (CITY OR TOWN) TOPEKA, KANSAS (STATE OR COUNTRY)

FATHER 13. NAME GEORGE ISAACS  
14. BIRTHPLACE (CITY OR TOWN) UNKNOWN (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME UNKNOWN HALL  
16. BIRTHPLACE (CITY OR TOWN) UNKNOWN (STATE OR COUNTRY)

17. INFORMANT FLORENCE VIDA ISAACS (ADDRESS) FORBES, MISSOURI

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. AUBURN CEM. DATE Oct 28 1937

19. UNDERTAKER FLEE'AN & SON INC. (ADDRESS) 1946 COLHOUN ST. ST. JOSEPH, MO.

20. FILED 7/20/10 1937 Clara S. Harper Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 11 1935 to Oct 20 1937  
I last saw him alive on Oct 25 1937. Death is said to have occurred on the date stated above, at 7:30 A.M.

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

Acute insufficiency Date of onset: 5/11/35

Other contributory causes of importance: AD

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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 no injury

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_

(Signed) E. F. Kearney, M. D.  
(Address) Oregon 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.



FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH

(a) County Holt Registration District No. 374  
(b) Township Forbes Primary Registration District No. 5321 Registered No. 177  
(c) City..... (d) Street No..... St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Uriah Milton Isaacs

(a) Residence, No..... St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 26, 1937

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

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.

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
53 9 3

OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Other contributory causes of importance:

FATHER  
13. NAME

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

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

MOTHER  
15. MAIDEN NAME

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

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

17. INFORMANT (ADDRESS)

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.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Joseph, Mo. DATE Oct 28, 1937

Manner of injury.....  
Nature of injury.....

19. FUNERAL DIRECTOR (ADDRESS) Fleeman & Son, Inc.  
St. Joseph, Mo.

24. Was disease or injury in any way related to occupation of deceased?.....

20. FILED Nov 10, 1937 Clarence J. Naper  
Local Registrar

If so, specify (Signed) E. J. Kearney, M. D.  
(Address) Oregon, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

