

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

Do not use this space.

1. PLACE OF DEATH  
 103 County Stoddard Registration District No. 840 File No. 4356  
 Township Buck Creek Primary Registration District No. 6102 Registered No. 4  
 City..... (No....., St..... Ward.....)

2. FULL NAME Frances Stena Isaac 2.20  
 (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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28, 1938

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

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 7:00 p.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 22, 1928

The principal cause of death and related causes of importance were as follows:  
This child was never attended by a Physician. The child didn't have proper care and some of the relatives said it

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min. 6

Other contributory causes of importance:  
had the fever, one of the doctors who they talked to said it probably was newborn warm.

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) Pineville Mo.

FATHER 13. NAME Earnie Gearon Isaac

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

MOTHER 15. MAIDEN NAME Flora Stroup

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

17. INFORMANT Claude Jeweland (ADDRESS) R 3 Pineville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jagan Leem DATE Jan 29, 1938

19. UNDERTAKER Hickman White Store Co (ADDRESS) Pineville Mo.

20. FILED Jan 29, 1938 Vernon Hawks Glenn Registrar. 153

Date of onset  
0

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE

RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS  
MO. STATE BOARD OF HEALTH