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.

JUN 27 1936

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

Do not use this space.

21629

1. PLACE OF DEATH
County: Saline — Registration District No.: 796 — File No.:
Township: Marshall — Primary Registration District No.: 6039 — Registered No.: 106
City: (No. Saline County Home, St. Ward)

2. FULL NAME: Isaac N. Tubb

(a) Residence, No. Saline County Home 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ella Brooks Tubb

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 2 - 1860

7. AGE: Years 76 — Months 4 — Days 12 — 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): Tenn.

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

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

17. INFORMANT: Ira Brooks
(ADDRESS): Marshall Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Round Pass DATE: May 15, 1936

19. UNDERTAKER: T. W. Campbell
(ADDRESS): Marshall Mo.

20. FILED: May 15, 1936 Helen Hudson
Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1936, to May 14, 1936
I last saw him alive on May 11, 1936. Death is said to have occurred on the date stated above, at 4 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. myocarditis	?
C decompensation	

Other contributory causes of importance:

Name of operation: 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:

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify:
(Signed) [illegible], M. D.
(Address) Marshall Mo.