DEC 27 1937

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

Do not use this space.

Dr Pain

File No. 42067

Registered No. 120

1. PLACE OF DEATH
County: Pemiscot
Township: ~~Little Prairie~~
City: Caruthersville (No. ..... St. ..... Ward)
Registration District No. 851
Primary Registration District No. 4388

2. FULL NAME: Isabel Palmer
(a) Residence, No. East 12th St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. 8 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F, male
4. COLOR OR RACE: Black
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 18 72

7. AGE: YEARS 65 MONTHS 7 DAYS don't know IF LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home
10. Date deceased last worked at this occupation (month and year): Sept 1937
11. Total time (years) spent in this occupation: Life

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

FATHER
13. NAME: John Anderson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miss.

MOTHER
15. MAIDEN NAME: Dont know.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miss

17. INFORMANT (ADDRESS): Bertha Brown Caruthersville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Morgan Ridge Cem. DATE: 11-16 1937

19. UNDERTAKER (ADDRESS): H. L. Smith Caruthersville Mo

20. FILED: Nov. 17 1937 Ada Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11-14 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1937, to ....., 19....
I last saw her alive on Nov 14, 1937. Death is said to have occurred on the date stated above, at 7:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart disease	
nephritis / Chronic	

Other contributory causes of importance:
Senility

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 .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) O. L. Carson, M. D.
(Address) Caruthersville Mo.

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

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MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

42067
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1. PLACE OF DEATH
(a) County Pemiscot Registration District No. 605-1
(b) Township Primary Registration District No. 4388 Registered No. 120
(c) City Caruthersville (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 Isabel Oliver
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE B
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Wd

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

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

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
65	7	unk	

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

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

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

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-14 1939

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
Chronic Valvular Heart disease	
Nephritis Chronic	5

Other contributory causes of importance:

13

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 .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) C. F. Cann, M. D.
(Address) Caruthersville