

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

PLACE OF DEATH

County Andrain  
Township Salt River  
or  
Village  
or  
City Mexico Mo (NO. 378 N Wade St. 2<sup>nd</sup> Ward)

Registration District No. 26

File No. 9285

Primary Registration District No. 3002

Registered No. 25

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Joseph Lundy James

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Single  
(If wife the word)

DATE OF BIRTH April 29, 1894  
(Month) (Day) (Year)

AGE 16 yrs 11 mos 28 ds. IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Shoe Worker  
(b) General nature of industry, business, or establishment in which employed (or employer) Shoe factory

BIRTHPLACE (City or town, State or foreign country) Andrain County Mo

PARENTS  
NAME OF FATHER Quincy James  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Lincoln Co Mo  
MAIDEN NAME OF MOTHER Sarah M. Beck  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Lincoln Co Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Quincy James

(ADDRESS) Mexico Mo

Filed Mar 27 1911 W. L. McClary REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 27, 1911  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from March 22, 1911, to March 27, 1911, that I last saw him alive on March 27, 1911, and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH\* was as follows:

Diphtheria

Contributory (SECONDARY) (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

(Signed) James A. Wines M. D. March 27, 1911 (Address) Mexico Mo.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. State \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL Saldonia Mo DATE OF BURIAL Mar 28 1911

UNDERTAKER McPheeters Bros ADDRESS Mexico 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.

