

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

Do not use this space.

24829

SEP 29 1927.

1. PLACE OF DEATH

County Dutington  
Township Chillicothe  
City Chillicothe (No. \_\_\_\_\_)

Registration District No. 505  
Primary Registration District No. 3026

File No. \_\_\_\_\_  
Registered No. 83  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Thelma S James

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec -11-1909

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
17 8 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School girl  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Dawn Mo

10. NAME OF FATHER Alfred James

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Dawn Mo

12. MAIDEN NAME OF MOTHER Esther James

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Dawn Mo

14. INFORMANT Mrs Esther James  
(Address) Chillicothe Mo

15. FILED 8-15-27 Penkew Boney REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 13-1927

17. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1927, to Aug 13, 1927, that I last saw her alive on Aug 9, 1927, and that death occurred, on the date stated above, at \_\_\_\_\_.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Sarcoma of right tibia finally involving right leg.  
53D  
53E (duration) yrs. 10 mos. da.

CONTRIBUTORY (SECONDARY) 49 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF Feb 3, 1927

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical & Laboratory  
(Signed) H. W. Carpenter, M. D.

Aug 13, 1927 (Address) Whita, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Christian Church Aug-14-1927

20. UNDERTAKER ADDRESS

Joe D G ordon Chillicothe 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.

