JAN 3 1923

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 32773

Township — Primary Registration District No. 1001 — Registered No. 1157

City St. Joseph, (No. 1805 Faraon St. Ward)

2. FULL NAME William Knowles James,

(a) Residence. No. 1805 Faraon St., Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 49 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): Married,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 20, 1852

7. AGE: Years 75, Months 2, Days 21, If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Attorney,
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self.

9. BIRTHPLACE (CITY OR TOWN) Wilmington, (STATE OR COUNTRY) Delaware.

PARENTS
10. NAME OF FATHER Uriah Francis James
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Mrs. W. K. James (Address) 1805 Faraon Street.

15. FILED NOV 12 1927, 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 11 1927

17. I HEREBY CERTIFY, That I attended deceased from March, 1927, to Nov 11, 1927 that I last saw him alive on Nov 11, 1927, and that death occurred, on the date stated above, at 11 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: progressive Spinal Muscular Atrophy

815 / 815 / 815 730

(duration) 1 yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY) paralysis of Diaphragm

(duration) yrs. mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Neurological

(Signed) [signature], M. D

Nov 11, 1927 (Address) St Joseph 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: Mount Mora Cemetery — DATE OF BURIAL: Nov. 14 1927.

20. UNDERTAKER: Heaton-B. Gole Und Co. by J. W. Karle — ADDRESS: 319 S. 10 St.

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.

PERMANENT RECORD