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

Do not use this space.

3714

1. PLACE OF DEATH
County Shelby — Registration District No. 830
Township Salt River — Primary Registration District No. 6091
City Shelbina (No. ..... St. ..... Ward)

File No. 56
Registered No. .....

2. FULL NAME James Holland Freeman
(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. 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 10-1911

7. AGE: Years 16 | Months 6 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(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): Shelbina Missouri

PARENTS
10. NAME OF FATHER: John Freeman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Scott County Miss Mo
12. MAIDEN NAME OF MOTHER: Grace Boyer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Scott County Missouri

14. INFORMANT: John Freeman
(Address) Shelbina Mo

15. FILED Jan 10, 1928 Madge Gooch REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 8 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1928, to Jan 8, 1928 that I last saw him alive on Jan 7, 1928, and that death occurred, on the date stated above, at 4 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hemorrhage of bladder
146 A
1[illegible]
135 B
(duration) ..... yrs. ..... mos. 21 ds.

CONTRIBUTORY (SECONDARY): Injury received by fall on ice (duration) ..... yrs. ..... mos. 21 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) W J Smith, M. D
, 19 (Address) Shelbina 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: Shelbina
DATE OF BURIAL: Jan 9 1928

20. UNDERTAKER: Ema Peter
ADDRESS: Shelbina 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.

16-6-28

[illegible] THIS IS A PERMANENT RECORD