

JUN 4 1928

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County St. ClairRegistration District No. 761Township AppletonPrimary Registration District No. 4456City Appleton

(No. ....)

14538

File No. ....

Registered No. ....

St. .... Ward)

## 2. FULL NAME

Alexander Noble 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. ....

ds. ....

How long in U.S., if of foreign birth?

yrs. ....

mos. ....

ds. ....

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male

## 4. COLOR OR RACE

White5. ~~Single~~ MARRIED, WIDOWED OR ~~Divorced~~ (If divorced)Married5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OFJulia L. James

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

Aug 13 - 1847

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, .... hrs.  
or .... min.80719

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or  
particular kind of workMinister of the Gospel(b) General nature of industry,  
business, or establishment in  
which employed (or employee)

(c) Name of employer

## 9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Ohio

## 10. NAME OF FATHER

Jacob H. James

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Virginia

## 12. MAIDEN NAME OF MOTHER

Elizabeth Noble

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ireland

## 14.

INFORMANT  
(Address)Virginia James  
Nevada m.p.

## 15.

FILED

Apr 15 1928 W. C. Cline

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

## 16. DATE OF DEATH (MONTH, DAY AND YEAR)

April 2192817. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1927, to April 2, 1928.that I last saw him alive on April 2, 1928, and that death occurred, on the date stated above, at 5:30 A. m.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Aortic InsufficiencyCONTRIBUTORY  
(SECONDARY)

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. H. Gable, M. D., 19 (Address) Appleton City

\*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

Forest Hill Cem. N. C. Mo. Apr 4 1928

## 20. UNDERTAKER

Frank Lee Appleton City

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.

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