EC 27 1928

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

Do not use this space.

40096

1. PLACE OF DEATH
County Dunklin
Township Freeborn
City Clarkton
Registration District No. 284
Primary Registration District No. 5403
File No.
Registered No. 25
(No. ..... St. ..... Ward)

2. FULL NAME Rebecah 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 60 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. ~~IS MARRIED~~, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF Henry James

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 2-1836

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
92	3	2	

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

9. BIRTHPLACE (CITY OR TOWN) Calhoun
(STATE OR COUNTRY) Ky.

PARENTS
10. NAME OF FATHER S. P. Waltrip
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Calhoun
(STATE OR COUNTRY) Ky.
12. MAIDEN NAME OF MOTHER M. A. Beaven
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ky.

14. INFORMANT Edgar James
(Address) Clarkton Mo.

15. FILED 12-5, 1928 J. B. Stemmer
REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 4 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1928, to Dec. 4th, 1928 that I last saw her alive on Dec. 4th, 1928, and that death occurred, on the date stated above, at 7 P. m.

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1940
0 185

THE CAUSE OF DEATH* WAS AS FOLLOWS: Apoplexy
(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (SECONDARY) Fall (Fracture femur)
(duration) ..... yrs. ..... mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ✓
0 DID AN OPERATION PRECEDE DEATH? No. DATE OF ✓
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings
(Signed) John D. Van Cleve, M. D
12-5, 1928 (Address) Malden 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 Stanfield
DATE OF BURIAL 12-5 1928

20. UNDERTAKER W. L. Craig
ADDRESS Malden

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.