

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

Do not use this space.

944

1. PLACE OF DEATH

County Dunklin
Township Cotton Hill
City (No.)

Registration District No. 289
Primary Registration District No. 5407

File No.
Registered No. 5
St. Ward

2. FULL NAME

Billie Reeves James
(a) Residence No. St. Ward
(Usual place of abode)
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) Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 18 - 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 6 23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant
(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) Malden Mo.

10. NAME OF FATHER Paul James

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

12. MAIDEN NAME OF MOTHER Bernice Reeves

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

14. INFORMANT Paul James
(Address) Clarkton Mo.

15. FILED 1-11 19 29 SE Mitchell
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 11 1929

17. I HEREBY CERTIFY That I attended deceased from Dec. 26 1928 to Jan 11 1929
that I last saw him alive on Jan 10 1929, and that death occurred, on the date stated above, at 5:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

11A
107A
Broncho pneumonia
(duration) about 9 ds.
CONTRIBUTORY Influenza
(SECONDARY) (duration) about 6 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. Did an OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Horner Beach M. D.

1-12-27 (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

DATE OF BURIAL

Mt Gilead

1-12 1929

20. UNDERTAKER

ADDRESS

H. L. Craig

Malden 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.

MAR 21 1929

