

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.

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

Do not use this space.

1464

1. PLACE OF DEATH

County Jackson
Township Kaw
City Paris

Registration District No.

Primary Registration District No.

File No.

Registered No. 51

St. Ward)

2. FULL NAME

Eurel James
(a) Residence. No. N. K. City mo 2105 Swift 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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 3 1928

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
5 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(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) Harlem, Mo.

10. NAME OF FATHER Frank Jones

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

12. MAIDEN NAME OF MOTHER Bessie Hiner

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

14. INFORMANT Mother Mrs Bessie Hiner
(Address) 2105 Swift N. K. 6 mo

15. FILED 1/5 29 M. M. Rine REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 2 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec. 28 1928 to Jan. 2 1929 that I last saw him alive on Jan. 2 1929, and that death occurred, on the date stated above, at 846 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Malnutrition
107A
158

Broncho Pneumonia (duration) yrs. 5 mos. ds.
CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED Home
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Dr. Hugh Meyer M. D.
1/3 29 (Address) Med Arts Bldg.

*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 Liberty, Mo DATE OF BURIAL 1/3 29

20. UNDERTAKER Morton & Co ADDRESS Mo K.C., Mo.

Nov 1354