WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

Do not use this space.

3861

1. PLACE OF DEATH

County .... Registration District No. 791 ~~1003~~

Township .... Primary Registration District No. .... File No. ....

City St. Louis, (No. 3922 McRee av., ... St. .... Ward) Registered No. 469

2. FULL NAME Amner L. James,

(a) Residence. No. 3922 McRee av. St., 17 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5a. If Married, Widowed, or Divorced HUSBAND of (or) WIFE of Marcus H. James,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1907-8-22

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	21	4	17	

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

9. BIRTHPLACE (CITY OR TOWN) ....
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER James F. Hedrick,

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

12. MAIDEN NAME OF MOTHER Fannie Richards

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

14. INFORMANT Marcus H. James
(Address) 3922 McRee av.

15. FILED 1-10 1929 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/9 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 25th, 1928, to Jan 9th, 1929, that I last saw her alive on Jan 9th, 1929 and that death occurred, on the date stated above, at 12:05 P.m.

THE CAUSE OF DEATH* was as follows:

Lobar Pneumonia, acute

108 / 10 d (duration) ... yrs. ... mos. 15 ds.

CONTRIBUTORY (SECONDARY) none

(duration) ... yrs. ... mos. ... ds.

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

9

DID AN OPERATION PRECEDE DEATH? .... DATE OF ....

WAS THERE AN AUTOPSY? ....

WHAT TEST CONFIRMED DIAGNOSIS? ....

(Signed) E. A. Edwards, M. D.

1/9, 1929 (Address) 4216 Shaw Bl.

*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
Bixby, Mo.	1/11/29 19

20. UNDERTAKER	ADDRESS
Robert Lambrecht	429 N. Euclid a