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

Do not use this space.
3988

1. PLACE OF DEATH

County .... Registration District No. 791 File No. ....
Township St. Louis Primary Registration District No. 1003 Registered No. 600
City St. Louis (No. City Hospital #2 St. .... Ward)

2. FULL NAME Arthur James

(a) Residence. No. .... St., ... Ward. Chicago, Ill
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred .... yrs. .... mos. 1 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)
Male	Col.	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 4, 1906

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or .... min.
	22	9	7	

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

9. BIRTHPLACE (CITY OR TOWN) Pine Bluff
(STATE OR COUNTRY) Ark.

PARENTS

10. NAME OF FATHER Arthur James
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) S. Car.
12. MAIDEN NAME OF MOTHER Georgia Banks
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Miss.

14. INFORMANT Anna F. Woodard
(Address) City Hospital #2

15. FILED 1-12 1929 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-11- 1929

17. I HEREBY CERTIFY, That I attended deceased from 1-10- 1929, to 1-11- 1929 that I last saw him alive on 1-11- 1929, and that death occurred, on the date stated above, at 10:10 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
23A
23B
.... (duration) .... yrs. 9 mos. .... ds.

CONTRIBUTORY (SECONDARY) Pulmonary Hemorrhage
.... (duration) 1 yrs. .... mos. .... ds.

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18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) T. E. Cunningham M. D.
, 19 (Address) 2945 Gratiot

*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
Chicago Ill.	1/13 1929

20. UNDERTAKER	ADDRESS
Manewal Undt. Co.	4059 Finney

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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