MAY 24 1929

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

Do not use this space.

14155

1. PLACE OF DEATH
County Chariton — Registration District No. 175 — File No.
Township Salisbury — Primary Registration District No. 5243 — Registered No. 22
City (No. St. Ward)

2. FULL NAME Ida E James
(a) Residence. No. St., Ward. (If nonresident, give city or town and State)
(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: Female
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec-23-64

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
64	3	23	

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) Gory
(STATE OR COUNTRY) Canada

PARENTS
10. NAME OF FATHER James H Green
11. BIRTHPLACE OF FATHER (CITY OR TOWN) England
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Susan Copeland
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Canada
(STATE OR COUNTRY)

14. INFORMANT Mrs Holman
(Address) Huntsville Mo

15. FILED 4/1 1929 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-16- 1929

17. I HEREBY CERTIFY, That I attended deceased from 3-25- 1929 to 4-16 1929 that I last saw her alive on 4-16 1929 and that death occurred, on the date stated above, at 5 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis
[illegible] (duration) 3 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Pernicious
Anemia (duration) unknown yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No RB count Hbx
WHAT TEST CONFIRMED DIAGNOSIS? Blood Smear
(Signed) Ralph [illegible] M. D.
4/16, 1929 (Address) Salisbury 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: Salisbury Cemetery — DATE OF BURIAL: 4-19 1929

20. UNDERTAKER: Winkelmeyer Bros — ADDRESS: Salisbury 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.

APR 6 1950