

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

Do not use this space.

31277

1. PLACE OF DEATH

County Missouri
 Township North
 City Brookfield (No. 413)

Registration District No. 496
 Primary Registration District No. 3925

File No. _____
 Registered No. 75
 St. 4 Ward

2. FULL NAME

(a) Residence. No. 413 S. Livingston St., 4 Ward.

(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? 52 yrs. - mos. - ds.

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 1 - 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 7 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Coal Mines
 (b) General nature of industry, business, or establishment in which employed (or employer) Retired
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Griffith
 (STATE OR COUNTRY) South Wales

10. NAME OF FATHER Thomas James

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

12. MAIDEN NAME OF MOTHER Rachel

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

14. INFORMANT Rachel James
 (Address) 413 S. Livingston, Brookfield, Mo.

15. FILED 9-17-29 Bessie M. Fore
 Deputy REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 15th 1929

17. I HEREBY CERTIFY That I attended deceased from Nov. 3, 1928, to Sept. 13, 1929 that I last saw him alive on Sept. 15, 1929, and that death occurred, on the date stated above, at 9 o'clock a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chs. Interstitial Nephritis

131
157 Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Prostatic Hypertrophy

Unknown (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH? No

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Signs

(Signed) J. Lane Evans, M. D.

Sept. 17, 1929 (Address) Brookfield, Mo.

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Reveries Cem. Brookfield Mo.

20. UNDERTAKER

M. Y. Rusk

DATE OF BURIAL

Sept. 17 1929

ADDRESS

Brookfield Mo.

CAUSE OF DEATH in plain terms, so that it may be properly translated.

