MAY 28 1930

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

Do not use this space.
13827

1. PLACE OF DEATH
County St. Louis
Township Fifteen Mo.
City Kirkwood (No. 213 S. Clay St. Ward)
Registration District No. 785
Primary Registration District No. 3037
File No.
Registered No. 80

2. FULL NAME Isabela V. James
(a) Residence. No. 213 S. Clay Ave St., 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 22-1870

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
60	2	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Caffratera Owner.
(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) New York.

PARENTS
10. NAME OF FATHER Alva F. Davis
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) New York.
12. MAIDEN NAME OF MOTHER Don't Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) New York

14. INFORMANT Paul. James Jr.
(Address) 213 S Clay. Kirkwood Mo.

15. FILED 5/9 1930 C. E. Barnett M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/14/30 19

17. I HEREBY CERTIFY, That I attended deceased from 4/13/30, 19, to 4/14/30, 19 that I last saw her alive on 4/14/30, 19, and that death occurred, on the date stated above, at 8.05 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral haemorrhage
Hypertension
82 A
102 (duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) —
(duration) 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
WHAT TEST CONFIRMED DIAGNOSIS? Coma, pulse
(Signed) Frank P. Garrett, M. D.
4/14, 1930 (Address) Gorebox Bldg. Webster Groves, 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 Shokan. New York
DATE OF BURIAL April 18 1930

20. UNDERTAKER Louis H. Bepp
ADDRESS Kirkwood Mo.

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.