

SEP 24 1930

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

Do not use this space.
1920 61-2-11

1. PLACE OF DEATH
County Greene Registration District No. 321
Township Clear Primary Registration District No. 5444
City Rogersville, Mo. Rt. 2 St. _____ Ward _____
2. FULL NAME Wilson James
(a) Residence No. R. 2, Rogersville, Mo. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (or) WIFE of Jean Dec
6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 31 - 1847
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
83 0 16
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 17, 1930
17. I HEREBY CERTIFY, That I attended deceased from April 7, 1930 to May 27, 1930
that I last saw him alive on May 7, 1930, and that death occurred, on the date stated above, at _____ m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Metabolic regurgitation
92A
(duration) 10 yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) POW
(duration) _____ yrs. _____ mos. _____ ds.

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Penn.
10. NAME OF FATHER Alex James
11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) _____
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

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 clinical
(Signed) W. L. Gerner M. D.
6/18, 1930 (Address) Springfield Mo
*State the DISEASE CAUSING DEATH, or in cases from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT Will James
(Address) Rogersville, Mo. R. 2
15. FILED 6/18, 1930 W. L. Gerner REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Godson Cem. DATE OF BURIAL June 18, 1930
UNDERTAKER Anna Sawyer ADDRESS Springfield
Funeral Home

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.

