

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

Do not use this space.

File No. **21079**
Registered No. **5930**
St. _____ Ward)

1. PLACE OF DEATH

County 45-14 Fair Ave Registration District No. 791
Township _____ Primary Registration District No. 1003
City St Louis mo (No. 4514 Han)

2. FULL NAME

James O. Divers
(a) Residence. No. 4514 Fair Ave St. 9 Ward.

Length of residence in city or town where death occurred 6 yrs. 6 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) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-30-1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
79 8 18

8. OCCUPATION OF DECEASED Retired Merchant
(a) Trade, profession, or particular kind of work.
(b) General nature of industry, business, or establishment in which employed (or employer) grocer
(c) Name of employer not employed

9. BIRTHPLACE (CITY OR TOWN) Fredricks Co.
(STATE OR COUNTRY) Virginia

10. NAME OF FATHER John Divers

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT Mrs Addie Divers
(Address) 45-14 Fair Ave

15. FILED LA 14 1930 W. C. Stancely
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-18-1930

17. I HEREBY CERTIFY, That I attended deceased from June 15, 1930 to June 18, 1930
that I last saw him alive on June 18, 1930 and that death occurred, on the date stated above, at 3:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
82A
97
(duration) _____ yrs. _____ mos. 3 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
General (duration) 3 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____

IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? Paralysis on the Side
(Signed) Francis J. Medler, M. D.

6/18/1930 (Address) Wesley Club Bldg

*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 _____

Fulton mo. June 20 1930

20. UNDERTAKER _____ ADDRESS _____

Shepard Funeral Home 1167 Hamilton

Wm. H. J. Medler

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.

