

DEC 22 1930

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

Do not use this space.

36638

1. PLACE OF DEATH

County Laclede
Township Lepanay
City Lepanay (No.)

Registration District No. 444
Primary Registration District No. 4267

File No.
Registered No. 10 054
St. Ward)

2. FULL NAME

Lusan D James

(a) Residence. No. 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

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widow

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

Geo. R. James

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

May 17 - 1847

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

83

6

1

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)

Laclede Co. Mo.

(STATE OR COUNTRY)

10. NAME OF FATHER

T. F. Hensinger

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Mo.

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

May E. Harris

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Mo.

(STATE OR COUNTRY)

14. INFORMANT

L. D. James
Lepanay Mo
(Address)

15. FILED

11/21, 1930
J. M. Bellamy
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 18 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 17 1930, to Nov 18 1930 that I last saw her alive on Nov 18 1930, and that death occurred, on the date stated above, at 7.15 P m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Cerebral Hemorrhage

97 - A

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis

(duration) 10 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 Physical Exam
(Signed) P. Thompson M. D.

, 19 (Address) Lepanay 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

Phillips Cemetery

DATE OF BURIAL

11/20 1930

20. UNDERTAKER

Johnson

ADDRESS

Lepanay 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.

