

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

Do not use this space.

38991

**1. PLACE OF DEATH**

City Independence Registration District No. 288  
 Township Independence Primary Registration District No. 4172  
 City Kennett (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

**2. FULL NAME**

Oscar L. James  
 (a) Residence No. No. Jacobson St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 5 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 Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 25-1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
48 2 27

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Porter  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer Wega Barber Shop

9. BIRTHPLACE (CITY OR TOWN) Luxemburg  
 (STATE OR COUNTRY) Ark

10. NAME OF FATHER Tom James

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

12. MAIDEN NAME OF MOTHER Lucinda James

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Mississippi

14. INFORMANT Lillie Prince James  
 (Address) Kennett, Mo

15. FILED 12/20, 1930 Thelma Davis  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) DEC 19 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1930, to Dec 19, 1930, that I last saw him alive on Dec 17, 1930 and that death occurred, on the date stated above, at 2:35 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Carbolic acid poisoning  
15-0-0 suicide

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) Dant Keener

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED 166

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physicall  
 (Signed) W. R. Gessner, M. D.

. 19 (Address) Kennett, 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 Oak Ridge DATE OF BURIAL Dec. 21 1930

20. UNDERTAKER Baldwin-Lund Co. ADDRESS Kennett, 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.

NOV-19 1930

