

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

Do not use this space.

39094

PLACE OF DEATH

County Greene

Registration District No. 318

File No.

930

Township Springfield

Primary Registration District No. 15401

Health District No.

City Springfield

Ward Robert Hospital

Ward)

2. FULL NAME

William James

(a) Residence. No. Lucas Ave.

St. St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. 1 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 American
5. SINGLE, MARRIED, WIDOWED OR DIVORCED Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don't know

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 11 - 1860

7. AGE
YEARS 70 MONTHS 5 DAYS 0
If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Don't know
(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) Ohio

10. NAME OF FATHER Michael James

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

12. MAIDEN NAME OF MOTHER Mary Mc Delams

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

14. INFORMANT Chas. James
(Address) Lucas Ave.

15. FILED 12-15-30 For Sharp
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-11-30

17. I HEREBY CERTIFY, That I attended deceased from 12-9-30, 1930, to 12-11-30, 1930, and that I last saw h. alive on 12-10-1930, and that death occurred, on the date stated above, at 4 am m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
59
15B

Crypoplex
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) diabetes mellitus
(duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) Robert Glyn, M. D.
(Address) Springfield 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 Lucas Ave Mo
DATE OF BURIAL 12-15-30

20. UNDERTAKER W. R. Rouse
ADDRESS W. R. Rouse

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.

1930 JAN 19 1931

28
923