

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

Do not use this space.

40942

File No. **11599**  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. **791**  
Township \_\_\_\_\_ Primary Registration District No. **1003**  
City **St. Louis** (No. **36**) \_\_\_\_\_

**2. FULL NAME**

**Arnold Woods James**  
(a) Residence. No. **36** **Moore** St., **22** 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Female** 4. COLOR OR RACE **Colored** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **abt. 1880**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**abt. 50** — — —

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work **House Wife**  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Ironton, Mo.**  
(STATE OR COUNTRY)

10. NAME OF FATHER **Unknown**

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

12. MAIDEN NAME OF MOTHER **Unknown**

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

14. INFORMANT **Pearl Fulton**  
(Address) **323 So. 21st St.**

15. FILED **DEC 10 1930** **W.C. Gordon** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Dec. 6<sup>th</sup> 1930**

17. I HEREBY CERTIFY, That I attended deceased from **12/2/30** to **12/6/30**  
(that I last saw h. e. alive on **12/6/30**, and that death occurred, on the date stated above, at **926 82A**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Cerebral apoplexy 9102**  
**with hemorrhage**

CONTRIBUTORY (SECONDARY) **hypertension with**  
**for the right situation - unknown**  
**but as long as 10 years but able to**

18. WHERE WAS DISEASE CONTRACTED **play in her feet**  
IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? **Physical finding**  
(Signed) **J. F. Burke**  
**12/9/30**, 1930 (Address) **20384 Main St.**

\*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 **Ironton, Mo.** DATE OF BURIAL **Dec. 11, 1930**

20. UNDERTAKER **W.C. Gordon Und. Co.** ADDRESS **2649 Morgan St.**

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.

WHITE-CHINESE, WITH UNMARRIED INK—THIS IS A PERMANENT RECORD

26-11-1964

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