

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

Do not use this space.

10824

1. PLACE OF DEATH

County Moniteau
Township Moniteau
City Clarksburg Mo (No. _____)

Registration District No. 1095
Primary Registration District No. 4336

File No. _____
Registered No. 4
St. _____ Ward _____

2. FULL NAME

Abraham L. James
(a) Residence. No. Clarksburg Mo St. _____
(Usual place of abode)

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

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

Rachel T. James

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

Oct 31 - 1856

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

74

4

11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(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)

High Point Mo.

10. NAME OF FATHER

Allen James

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

Kentucky

12. MAIDEN NAME OF MOTHER

Nancy Harden

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

Ohio

14.

INFORMANT _____
(Address)

Rachel T. James

15.

FILED 3-20 1931

J. C. Martin
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 12 1931

17.

I HEREBY CERTIFY, That I attended deceased from July 26 1931, to March 12 1931, that I last saw him alive on March 12 1931, and that death occurred, on the date stated above, at 7:05 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Insufficiency and myocarditis.

92A

93E

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRIBUTED

IF NOT AT PLACE OF DEATH

at home.

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) Edgar C. Tibbs M. D.

March 12, 1931 (Address) California 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

DATE OF BURIAL

Clarksburg, Mo.

Mar 14 1931

20. UNDERTAKER

Max W. Smith

Clarksburg 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.

APR 24 1931

