

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

Do not use this space.

18900

1. PLACE OF DEATH

County Phelps
Township Rolla
City Rolla (No. _____)

Registration District No. 677
Primary Registration District No. 440.3

File No. _____
Registered No. 54
St. _____ Ward _____

2. FULL NAME Eugene James

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 19, 1917</u>		
7. AGE	YEARS	MONTHS
	<u>13</u>	<u>11</u>
		DAYS
		<u>4</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) <u>Vieana</u> (STATE OR COUNTRY) <u>Maries Co., Mo</u>		
FATHER	13. NAME <u>Thomas. James</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Vieana</u> (STATE OR COUNTRY) <u>Maries Co., Mo</u>	
MOTHER	15. MAIDEN NAME <u>Ina M. Snodgrass</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Vieana, Mo</u> (STATE OR COUNTRY)	
17. INFORMANT <u>Thomas James</u> (ADDRESS) <u>Vieana, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bloom Garden</u> DATE <u>May 25, 1931</u>		
19. UNDERTAKER <u>Full and Licklider</u> (ADDRESS) <u>Rolla, Mo.</u>		
20. FILED <u>May 25, 1931</u> <u>Joe F. Ryan</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1931 to May 24, 1931
I last saw him alive on May 23, 1931. Death is said to have occurred on the date stated above, at 3:30 a. m.
The principal cause of death and related causes of importance were as follows:
appendicitis
Date of onset _____

Other contributory causes of importance: _____

Name of operation appendectomy Date of May 24, 1931
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) W. M. Furland, M. D.
(Address) Rolla 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.

MAY 29 1931

