

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.

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

Do not use this space.

## 1. PLACE OF DEATH

County Morgan  
Township Morgan  
City Versailles (No. \_\_\_\_\_)

Registration District No. 598  
Primary Registration District No. 4355

File No. 31933  
Registered No. 31  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Charlie Franklin 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 M 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 Stacy Hays

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 17 - 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
47 4 20

## 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) Morgan County  
(STATE OR COUNTRY) Missouri

PARENTS  
10. NAME OF FATHER William James  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Morgan County  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER Polly Connor  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Moniteau Co  
(STATE OR COUNTRY)

14. INFORMANT Rosa Marriott (Sister)  
(Address) Versailles, Missouri

15. FILED 9/8/31 A. N. Leman  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 7 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 1 1931, to Sept 7 1931, that I last saw him alive on one 9/6 1931, and that death occurred, on the date stated above, at 9 30 p. m.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

dance of the throat  
not (duration) 2 yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) 46B (duration) \_\_\_\_\_ yrs. mos. ds.

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS no  
(Signed) Shackell, M. D.  
, 19 \_\_\_\_\_ (Address) Versailles

\*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 Holst Cemetery DATE OF BURIAL 9-9-1931  
20. UNDERTAKER W. J. Kidwell ADDRESS Versailles, Mo

