

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

Do not use this space.

4789

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas

Registration District No. 387
Primary Registration District No. 3036 Olive

File No. 351
Registered No. 351
St. Ward

2. FULL NAME James S Lime

(a) Residence, No. 3036 Olive St. 11 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 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 Mrs. Iola Lime

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 14 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 5 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Confectioner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Urish, Mo.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

13. NAME James Lime

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Eliza Elder

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Michael B. Sturman
4075 Chestnut

18. BURIAL, CREMATION, OR REMOVAL PLACE Urish Mo DATE 2/18/32, 19

19. UNDERTAKER (ADDRESS) Quirk & Tobin Co.
20 W Linwood

20. FILED 7/17 1932 M. M. Crowe
Asst Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 16 1932

22. I HEREBY CERTIFY, That I attended deceased from Saw him first Feb 15 1932, 19

I last saw him alive on Feb 15 1932, 19 Death is said to have occurred on the date stated above, at 4:05 m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Feb 14 1932

Date of onset

Other contributory causes of importance:

None that I know of

Name of operation Date of
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) John Powers, M. D.
(Address) 27th & Indiana

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.

John C. ...
2952 Lockridge