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

Do not use this space.
7274

1. PLACE OF DEATH
County Andrain — Registration District No. 27 — File No. 3
Township Lynn — Primary Registration District No. 5735 — Registered No. 3
City ~~Rush Hill~~ Mo (No. ..... , ... St. ..... Ward)

2. FULL NAME Lurany - James
(a) Residence, ~~No.~~ Rush Hill Mo St., ... Ward. ..... (If nonresident, give city or town and State)
(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 Dolsie James

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 5 1856

7. AGE: Years 76 — Months – — Days 11 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
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) (STATE OR COUNTRY) Lincoln Co Mo

FATHER
13. NAME Henry James
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Martha A. Woodson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Co Mo

17. INFORMANT John James (ADDRESS) Miner Mo - R - 5

18. BURIAL, CREMATION, OR REMOVAL
PLACE Laddonia Mo DATE 3-17 1932

19. UNDERTAKER H. C. Pruett & Son (ADDRESS) Miner Mo

20. FILED 3-21 1932 T. B. Gouett Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-16 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-13 1932 to 3-16 1932
I last saw h. alive on 3-16 1932 Death is said to have occurred on the date stated above, at 4 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
95 D	
Clerk Dilatation	
1 Day Heart	
Other contributory causes of importance: Senility	

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) T. B. Gouett, M. D.
(Address) Rush Hill 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD