

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.

1 APR 28 1932

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

Do not use this space.

9317

1. PLACE OF DEATH
69 County Monroe
3 Township Monroe
2 City Monroe City (No., ..., ... Ward)

Registration District No. 581
Primary Registration District No. 4343

File No.
Registered No. 9
St. Ward)

2. FULL NAME Umas H. James
(a) Residence, No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 5 yrs. X mos. 9 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 Mary E. James
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11th 1859
7. AGE YEARS 72 MONTHS 7 DAYS 7 If LESS than 1 day, ... hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rail Road
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Work Seminal
10. Date deceased last worked at this occupation (month and year) 1926 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England, 8
13. NAME George James
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England
15. MAIDEN NAME Elizabeth Tratan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT Mrs Mary E. James (ADDRESS) Monroe City Mo
18. BURIAL, CREMATION, OR REMOVAL St Louis Seminary DATE March-de 1922

19. UNDERTAKER Wilson & Son (ADDRESS) Monroe City Mo

20. FILED 3-19 1932 O.W. Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March-18th 1932
22. I HEREBY CERTIFY THAT I attended deceased from Mar 12th 1932 to May 18th 1932
I last saw him alive on March 17th 1932 Death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

Stramie
Date of onset 2/11/32
131
132B

Other contributory causes of importance: (1)

Name of operation Noce Date of 2
What test confirmed diagnosis? 2 Was there an autopsy? 260

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 2 Date of injury 2, 1932
Where did injury occur? 2 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 2
Nature of injury 2

24. Was disease or injury in any way related to occupation of deceased? 2
If so, specify 2
(Signed) W. H. Wilson M. D.
(Address) Monroe City Mo

SECRET

GA 100
118

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Monroe
Township Monroe City
City Monroe City (No. _____)

Registration District No. 581
Primary Registration District No. 4 34 3

File No. _____
Registered No. 9
St. _____ Ward) _____

2. FULL NAME

Amos H. James

(a) Residence, No. _____ St. _____ Ward. _____

(Usual place of abode)

(If nonresident, give city or town and State)

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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

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

7. AGE YEARS MONTHS DAYS 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) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19__

19. UNDERTAKER (ADDRESS)

20. FILED 5-9 1932 O. M. Wilson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 18 1932

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19__

I last saw h. _____ alive on _____, 19__. Death is said to have occurred on the date stated above, at _____ m.

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

Wernia Date of onset

131

Other contributory causes of importance:

House Hepatitis

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 H. Gable M. D.

(Address) City, Mo.

5-9317