

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

Do not use this space.

10412

**1. PLACE OF DEATH**

County..... Registration District No. 701  
 Township..... Primary Registration District No. 701  
 City St. Louis (No. 2919 Nebraska Ward 2455)

**2. FULL NAME**

(a) Residence No. 2919 Nebraska St. 24 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Margaret E James</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 27, 1869</u>		
7. AGE	YEARS <u>62</u>	MONTHS <u>8</u>
	DAYS <u>17</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Police Sergeant</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>St. Louis Police Dept.</u>	
	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) <u>St. Louis, Mo.</u>		
FATHER	13. NAME <u>Charles D. James</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth Harney</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>	
17. INFORMANT (ADDRESS) <u>Margaret E James 2919 Nebraska</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Helier Paul</u> DATE <u>Mar 17, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Thos. Kuites 2908 Broadway Ave</u>		
20. FILED <u>Mar 15 1932</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dr. Johnson in attendance, 19....., to ..... 19.....

I last saw h..... nlive on....., 19...... Death is said to have occurred on the date stated above, at 8:05 a.m.

The principal cause of death and related causes of importance were as follows:  
82A Central Apoplexy

Date of onset

Other contributory causes of importance:  
Stroke

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Y

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) Wm V Dewar M.D.  
 (Address) .....

WRITE PEANUT, 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.

