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.

MAY 28 1932

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

Do not use this space.
11754

1. PLACE OF DEATH
County: Buchanan — Registration District No.: 86
Township: Washington — Primary Registration District No.: 5127
City: ~~Industrial City~~ (No. ..., ... St. ..... Ward)
File No.: 3
Registered No.: 28

2. FULL NAME: Rhoda Ann James
(a) Residence, No. Industrial City, 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Albert F. James
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 1, 1868
7. AGE: Years 63, Months 6, Days 14 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 235
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): Sparks, Kansas 2

FATHER
13. NAME: Frederick T. Gates
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ohio.

MOTHER
15. MAIDEN NAME: Elizabeth Rittenhouse
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ohio.

17. INFORMANT (ADDRESS): John R. James, Industrial City, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt. Auburn Cemetery DATE: Apr. 18, 1932
19. UNDERTAKER (ADDRESS): Walter Meinhoffer, 1302 Faraon St. St. Joseph, Mo.
20. FILED: Apr 17, 1932 J. J. Bausbach, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr. 15, 1932, 19
22. I HEREBY CERTIFY, That I ~~attended~~ saw deceased from Apr. 15, 1932, to ....., 19....
I last saw her alive on ....., 19.... Death is said to have occurred on the date stated above, at 8.30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina pectoris	
94A 94A	

Other contributory causes of importance:

5

Name of operation ..... Date of .....
What test confirmed diagnosis? History Was there an autopsy? No
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? No
If so, specify .....
(Signed) B. W. Tadlock, Coroner, M. D.
(Address) King Hill Bldg., St. Joseph, Mo.