

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

Do not use this space.

12058

1. PLACE OF DEATH

28 County Crawford
Township Meramec
City _____ No. _____

Registration District No. 231
Primary Registration District No. 5314

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

2. FULL NAME

James Lee Decker

(a) Residence No. _____ St. _____ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 11-1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
39 11 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Crawford Co., Ills

PARENTS

10. NAME OF FATHER James Decker

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ills.

12. MAIDEN NAME OF MOTHER Rosie Rodbaugh

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ills

14. INFORMANT Viola Decker
(Address) Steelville, Mo.

15. FILED 4-30-1932 G. L. Decker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/26-1932

17. I HEREBY CERTIFY, That I attended deceased from 4-25-1932 to 4-26-1932, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

bacterial pneumonia

10 days (duration) yrs. mos. ds. 8

CONTRIBUTORY (SECONDARY) acute alcoholism
(duration) yrs. mos. ds. 10

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? DATE OF (D)

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS (Signed) R. B. Parker, M. D.

, 19____ (Address) Steelville Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Steelville Cemetery DATE OF BURIAL 4-29-1932

20. UNDERTAKER L. J. Jones Steelville Mo
ADDRESS _____

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

RECORD OF DEATHS IN THIS IS A PERMANENT RECORD

