

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

Do not use this space.

13002

1. PLACE OF DEATH

County Jefferson Registration District No. 421
 Township Primary Registration District No. 4249
 City Festus (No.) St. Ward)

2. FULL NAME Paul Earl 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 5., 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
23 6 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 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) Los Angeles California

13. NAME Elias E. James

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

15. MAIDEN NAME Lulu Aubuchon

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

17. INFORMANT Mrs. Lulu Thomure (ADDRESS) Festus Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Festus Mo DATE 5/10/32

19. UNDERTAKER Duester and Vinyard (ADDRESS) Festus Missouri

20. FILED 4/9 1932 J. C. Rutledge Registrar.

3. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8 1932

22. I HEREBY CERTIFY That I attended deceased from March 16 1932 to April 8 1932
 I last saw him alive on April 8 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:

Mitral Insufficiency Pericarditis
 Other contributory causes of importance: 92A
Acute Malaria
 908
 Date of onset April 1/32

Name of operation Clival Date of
 What test confirmed diagnosis? Clival 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?
 If so, specify
 (Signed) J. C. Rutledge M. D.
 (Address) Creston City Mo

WHITE PLAIN, 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 5 1932

