

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

22376

1. PLACE OF DEATH

28

County Bronfords
Township Leotofes
City Leotofes (No. 1)

Registration District No. 232
Primary Registration District No. 3516

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

2. FULL NAME

Charles E. James

(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 Bertha James.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 15 - 1885

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
46 7 16

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Farmers
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Bronfords Co
(STATE OR COUNTRY) Ills.

10. NAME OF FATHER William James

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

12. MAIDEN NAME OF MOTHER Emilie Denton

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

14. INFORMANT William James
(Address) Steelville Mo

15. FILED Aug 24 1932 F. E. Sanders
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/31 - 1932

17. I HEREBY CERTIFY, That I attended deceased from July 28th, 1932, to July 31, 1932, that I last saw him alive on July 31, 1932, and that death occurred, on the date stated above at 9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute nephritis
93 yrs. 8 mos. ds.

CONTRIBUTORY (SECONDARY) Myocarditis (duration) yrs. 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED Home

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS physical findings
(Signed) Frank O. Anderson, 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 Gibbs Cemetery DATE OF BURIAL 8/1 - 1932

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

