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.

JAN 21 1933

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

Do not use this space.

38651

1. PLACE OF DEATH
County Butler — Registration District No. 90 — File No.
12 Township Ash Hill — Primary Registration District No. 3734C — Registered No. 27
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Henry N. 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 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 Asalee James

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1870

7. AGE YEARS 62 MONTHS DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1
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) Illinois. 2

FATHER
13. NAME not known. 3
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known 31

MOTHER
15. MAIDEN NAME not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known.

17. INFORMANT (ADDRESS) Ambrose James. Brosley Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mole Hill DATE 12-12 1932

19. UNDERTAKER (ADDRESS) Frank Und. Co. Poplar Bluff Mo

20. FILED Dec. 15 1932 Nora J Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

1

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov-10, 1932, to Dec 11, 1932
I last saw him alive on Nov 10, 1932 Death is said to have occurred on the date stated above, at 10:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1928
23A	
23 (1)	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) A. Crump, M. D.
(Address) Bragley Mo