

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

Do not use this space.

1. PLACE OF DEATH

County Bollinger
Township Scopus
City Hurricane (No., St., Ward)

Registration District No. 67
Primary Registration District No. 5106

File No. 196
Registered No.

2. FULL NAME Barbara Elizabeth 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Polk James

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 22 1850

7. AGE 83 YEARS MONTHS 5 DAYS 5 If LESS than 1 day, ... hrs. or min.

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Hurricane
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER George H. James

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

12. MAIDEN NAME OF MOTHER Bollinger

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bollinger Co
(STATE OR COUNTRY) Missouri

14. INFORMANT H. E. James
(Address) Hurricane Mo.

15. FILED 3/2 1953 Sanh-Bolley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 17 1933

17. I HEREBY CERTIFY, That I attended deceased from January 16, 1933 to Jan. 17, 1933 that I last saw h. h. alive on Jan. 16 a.m., 1933 and that death occurred, on the date stated above, at 11:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Pneumonia
11A 1072
(duration) X yrs. X mos. 3 ds.

CONTRIBUTORY (SECONDARY) Influenza
(duration) X yrs. X mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED

☒ IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? no DATE OF. X

WAS THERE AN AUTOPSY? X

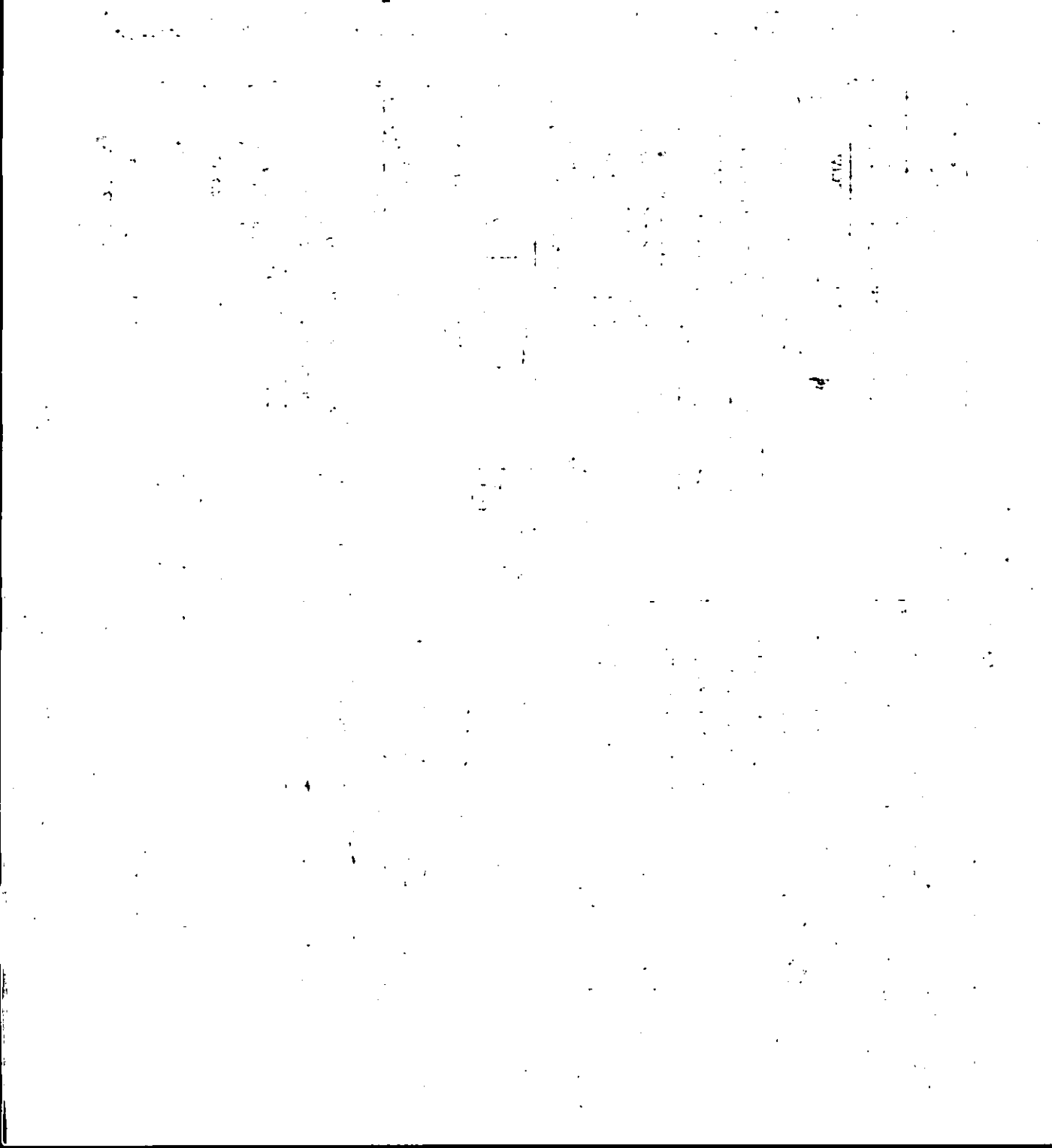
WHAT TEST CONFIRMED DIAGNOSIS? St. Vaughan

(Signed) St. Vaughan M. D.
, 19 (Address) Hurricane 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 DATE OF BURIAL

20. UNDERTAKER ADDRESS



**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Dallas
Township Scopus
City Scopus (No. 67)

Registration District No. 5106
Primary Registration District No. 5106

File No.
Registered No.
St. Ward

2. FULL NAME

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James C. James</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 22, 1850</u>		
7. AGE YEARS <u>83</u>	MONTHS <u>5</u>	DAYS <u>5</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>
	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) Harrison
(STATE OR COUNTRY) Missouri

13. NAME George W. James

14. BIRTHPLACE (CITY OR TOWN) Harrison
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Bellinger

16. BIRTHPLACE (CITY OR TOWN) Bellinger Co.
(STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) James C. James
Harrison, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE James Cemetery DATE June 18 1933

19. UNDERTAKER (ADDRESS) Dallas Ample
Scopus, Mo.

20. FILED 3/2 1933 R. A. Sander
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17, 1933

22. I HEREBY CERTIFY That I attended deceased from January 16, 1933 to Jan 17, 1933

I last saw her Jan 16, 1933. Death is said to have occurred on the 17th stated above, at 1933.
The principal cause of death and related causes of importance were as follows:

Date of onset 3d.
Pneumonia
110
Other contributory causes of importance: Influenza
10d.

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) S. C. Vaughn M. D.
(Address) Harrison, Mo.

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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