

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

Do not use this space.

10851

1. PLACE OF DEATH
 County St. Francois Registration District No. 35
 Township Randolph Primary Registration District No. 6024B
 City Leadwood (No. _____) St. _____ (Ward _____)

2. FULL NAME Joseph Henry James (JANIS)
 (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. da. How long in U.S., if of foreign birth? yrs. mos. da.

File No. _____
 Registered No. 10

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 26 1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
79 | 1 | 16

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work None
 (b) General nature of industry, business, or establishment in which employed (or employer) None
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Rome Mo
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER A. D. James

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

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know
 (STATE OR COUNTRY) _____

14. INFORMANT Clev James
 (Address) Leadwood, Mo.

15. FILED 3/16 33 W. E. Dubreton
 19. _____ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 14 1933

17. I HEREBY CERTIFY That I attended deceased from Dec 21 1932 to March 14 1933
 that I last saw him alive on March 13 1933 and that death occurred, on the date stated above, at 12:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardiac insufficiency
95 lb (duration) 6 yrs. 6 mos. 6 da.
95 lb

CONTRIBUTORY (SECONDARY) Prostate abscess - probably cancerous
 (duration) 2 yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: _____
 DID AN OPERATION PRECEDE DEATH? NO DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Arvid Traubitz M. D.
3/15, 1933 (Address) Leadwood, 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 Leadwood Mo. DATE OF BURIAL Mar 16 1933

20. UNDERTAKER J. S. Boyer ADDRESS Leadwood Mo.

WRITE PLAINLY, 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.

APR 24 1933

