MAY 22 1933

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

Do not use this space.

12535

1. PLACE OF DEATH

County Caldwell, Registration District No. 93 File No.

Township Davis, Primary Registration District No. 4055 Registered No. 16

City Braymer, (No. , St. Ward)

2. FULL NAME Lucy J. James,

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female,

4. COLOR OR RACE White,

5. [redacted] MARRIED [redacted] (write the word) Married,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar.-20th.-1860

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
73	0	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Keeping,

10. Date deceased last worked at this occupation (month and year) Mar.-20th.-1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.,

FATHER

13. NAME Thomas Reynolds,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.,

MOTHER

15. MAIDEN NAME Mary Smith,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.,

17. INFORMANT (ADDRESS) Ed. James, Braymer, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Kingston Cemetery DATE April-10-1933

19. UNDERTAKER (ADDRESS) Es P. Michael Braymer Mo.

20. FILED Apr 10, 1933 H. H. Patterson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug, 1932, to Apr 8, 1933

I last saw her alive on April 8, 1933. Death is said to have occurred on the date stated above, at 1 45 p m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage (Pontine) duration about 45 minutes — Date of onset 4/8/33

Other contributory causes of importance: Chr. Interstitial Nephritis, Carcinoma Liver } Since Aug. 33 to my knowledge

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) C. L. Woolsey, M. D.

(Address) Braymer 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.

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