

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

Do not use this space.

**22385**

**1. PLACE OF DEATH**

County Buchanan Registration District No. 85  
 Township \_\_\_\_\_ Primary Registration District No. 1001  
 City St. Joseph (No. 6302 , Grant St. \_\_\_\_\_ Ward \_\_\_\_\_)

**2. FULL NAME** La Dona Leo James

(a) Residence, No. 6302 Grant St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. 2 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16, 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
0 0 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none  
 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) St. Joseph, Missouri  
 (STATE OR COUNTRY)

13. NAME Donald James

14. BIRTHPLACE (CITY OR TOWN) St. Joseph Missouri  
 (STATE OR COUNTRY)

15. MAIDEN NAME Wilma Purvis

16. BIRTHPLACE (CITY OR TOWN) Versailles Missouri  
 (STATE OR COUNTRY)

17. INFORMANT Donald James  
 (ADDRESS) 6302 Grant, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cem. on July 18, 1933

19. UNDERTAKER Fred D. Clark  
 (ADDRESS) 5025 King Hill Ave. St. Joseph

20. JUL 18 1933 19 \_\_\_\_\_  
John P. Bender Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18, 1933

22. I HEREBY CERTIFY that I attended deceased from July 16, 1933 to July 17, 1933  
 I last saw him alive on July 17, 1933 Death is said to have occurred on the date stated above, at 4:45 a.m.  
 The principal cause of death and related causes of importance were as follows:

Premature Birth Date of onset \_\_\_\_\_

157  
159

Other contributory causes of importance:  
Mitral Insufficiency

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis Clinical Was there an autopsy? No

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? No  
 If so, specify \_\_\_\_\_

(Signed) E. B. McArthur, M. D.  
 (Address) Dr. Hall, B.W.F. Missouri

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.

AUG 26 1933

RECORDS SECTION - THIS IS A TELETYPE UNIT RECORD

to the ...

...

... ..

...

...

...

...

...

...

...

...

...

...

...