

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

Do not use this space.

25631

1. PLACE OF DEATH

County Boone Registration District No. 73
Township Columbia Primary Registration District No. 5112
City Boone Co. Infirmary St. _____ Ward _____

File No. _____

Registered No. 180

2. FULL NAME

Ezra James
(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>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>About 1861</u>		
7. AGE YEARS <u>About 72</u>	MONTHS <u>Not know</u>	DAYS <u>Not know</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Inmate of Co.</u>		If LESS than 1 day, _____ hrs. _____ min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Infirmary</u>		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>		
13. NAME " "		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "		
15. MAIDEN NAME " "		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "		
17. INFORMANT <u>Infirmary Records</u> (ADDRESS) <u>Columbia, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Bloomfield</u> DATE <u>Aug. 24, 1933</u>		
19. UNDERTAKER <u>Ray A. Holt</u> (ADDRESS) <u>New Bloomfield, Mo.</u>		
20. FILED <u>8/24/1933</u> <u>Allie Selby</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 23, 1933 to _____, 19____
I last saw him alive on Aug. 23, 1933 Death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage producing Paralysis
82A
82B
82C

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) W. A. Norris, M. D.
(Address) Columbia, 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.

SEP 26 1933

