

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

Do not use this space.

30438

1. PLACE OF DEATH

75 County Oregon
Township Oak Grove
City (No. , ,)

Registration District No. 632
Primary Registration District No. 5847

File No.
Registered No. 22
St. Ward

2. FULL NAME Mary James

(a) Residence, No. St. Ward.
(Usual place of abode) 40- (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 <u>Fe</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Bud James</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sep-23-1856</u>		
7. AGE YEARS <u>77-</u>	MONTHS <u>0</u>	DAYS <u>6</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>Housewife</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) (STATE OR COUNTRY) Pum.

FATHER 13. NAME Wm Stanley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan

MOTHER 15. MAIDEN NAME Mary Stanley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan

17. INFORMANT Bud James
(ADDRESS) Shafter mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. George Cemetery DATE Oct-1-33

19. UNDERTAKER Geo Carr
(ADDRESS) Phage, Mo.

20. FILED Oct 5 1933 George Johnson
30 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept-29-33
22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1921, to Mar 25, 1933
I last saw her alive on March 25, 1933. Death is said to have occurred on the date stated above, at 8:00 p.m.

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

Valvular Heart disease
93A
93
Other contributory causes of importance:

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) H. J. Morris, M. D.
(Address) Hammoth Hk. Cal.

None.

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.

OCT 20 1933

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