Sec 17
Lot 28

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

Do not use this space.
35289

1. PLACE OF DEATH
County: Saline — Registration District No.: 796 — File No.:
Township: — Primary Registration District No.: 328 — Registered No.: 139
City: Marshall (No. Fitzgibbons Hosp. St. Ward)

2. FULL NAME: Albert Rex James

(a) Residence, No. 215 East Arch 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ida M. James

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr. 16-1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	61	5	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Attorney
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): Saline Co. Mo.

FATHER
13. NAME: Walter Rex James
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Julia A. Morris
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs E. R. James, Marshall Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Ridge Park DATE: Oct 3, 1933

19. UNDERTAKER (ADDRESS): R. H. Compton, Marshall Mo.

20. FILED 10/3/33, 19 Wilma Hoge, Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 31, 1933, 19, to Oct. 1, 1933
I last saw him alive on Oct. 1, 1933. Death is said to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis chronic -	1904
127.29	
127.A	
107.A	
Other contributory causes of importance:	
Bronchio pneumonia	Sept. 30

Name of operation: Cholecystectomy Date of: 9-26-33
What test confirmed diagnosis? X-Ray 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) [illegible], M. D.
(Address) Marshall, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

NOV 10 1933