

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

36407

4317

1. PLACE OF DEATH

County JACKSONRegistration District No. 399Township RAWPrimary Registration District No. 1002City KANSAS CITY(No. 3119 - THOMPSON - 3RD FLOOR EAST)

File No.

Registered No.

Ward)

2. FULL NAME

MISS CARIE M JAMES(a) Residence, No. 3119-THOMPSON St.,

Ward.

(If nonresident, give city or town and State)

length of residence in city or town where death occurred 30 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. 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)

JUNE 14 1877

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

56419

OCCUPATION

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

AT HOME

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)

JOPLIN MISSOURI

FATHER

13. NAME

JOHN T JAMES

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

ENGLAND

MOTHER

15. MAIDEN NAME

ELIZABETH BOWEN

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

ENGLAND

17. INFORMANT (ADDRESS)

MRS. E. MARY LAVERY 3119-THOMPSON AVE

18. BURIAL, CREMATION, OR REMOVAL

PLACE MT. MORIAH DATE NOVEMBER 6 1933

19. UNDERTAKER (ADDRESS)

D. W. NEWCOMER'S SONS 2111 EAST 9TH ST.

20. FILED

11/14/33 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOVEMBER 3 193322. I HEREBY CERTIFY, That I attended deceased from 1st April 1933, to 7:00 3 1933I last saw him alive on 2 Nov 1933 Death is saidto have occurred on the date stated above, at 4:15 P.

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

Cancer of Breast

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? and 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)

R. P. Jones

M. D.

(Address)

421 E. 11thU. 2422

421- East 11th St.
10-12