

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.

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

Do not use this space.

40296

1. PLACE OF DEATH

County Jackson Registration District No. 28
Township 1st Primary Registration District No. 580
City Lamar (No. Jackson County Jail 2 1/2 E. 2nd St. Ward)

File No. 5105
Registered No. 5105

2. FULL NAME

James Schooles
(a) Residence, No. 517 Walnut St., Ward. (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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Do not know

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
51 — —

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Do not know

FATHER 13. NAME Do not know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

MOTHER 15. MAIDEN NAME Do not know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

17. INFORMANT Jackson County Coroner (ADDRESS) 1st E. 2nd

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn Cemetery DATE 12-27-23

19. UNDERTAKER Permanente Bros' (ADDRESS) K.C., Mo

20. FILED 12/28, 1923 M. M. Coroner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/28/23 1923

22. I HEREBY CERTIFY that the stated death occurred from _____ 1923

I last saw him _____ 1923 Death is said to have occurred on the date stated above, at _____ m.

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

Coronary Arteriosclerosis
Arteriosclerotic Hypertension

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ as there an autopsy? _____

23. If death was due to external causes (violence, fall in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 1923

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) _____ M. D.
(Address) _____

