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.

MAR 24 1934

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

Do not use this space.

File No. 4082

Registered No. 21

1. PLACE OF DEATH

County: Buchanan

Township: Washington

City: ~~St. Joseph~~ (No. County Infirmery St. Ward)

Registration District No. 82

Primary Registration District No. 5127

2. FULL NAME: William A. James

(a) Residence, No. St Joseph Mo. 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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): November 15, 1855

7. AGE: Years 78 | Months 2 | Days 26 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: switchman-C. & G.W.R.R.

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): St. Louis Missouri

FATHER

13. NAME: William L. James

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Missouri

MOTHER

15. MAIDEN NAME: Mary E. Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Folsent Missouri

17. INFORMANT (ADDRESS): Mont James 1234 Ruby st. Kansas City Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~: Mt. Olivet Cemetery
PLACE: St. Joseph Mo. DATE: Febr. 15, 1934

19. UNDERTAKER (ADDRESS): H. Bidenfaden 1802 Union st. St. Joseph Mo.

20. FILED: Feb 13, 1934 J. J. Burns Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): February 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 2nd, 1934, to Feb 10th, 1934

I last saw him alive on Feb 10th, 1934. Death is said to have occurred on the date stated above, at 3:30A m.

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

	Date of onset
Bronchopneumonia	Feb 12th 1934
Arterio Sclerosis	Dec 1933
10 YR	
1934	

Other contributory causes of importance:

Prostatic Hypertrophy	Dec 1933

Name of operation: Date of:

What test confirmed diagnosis? Clinical 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) A. E. Hollett M. D.

(Address) 822 Edmond St Joseph Mo