

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

Do not use this space.

**1. PLACE OF DEATH**

County Douglas  
Township McKinley  
City                      (No.                     )

Registration District No. 957  
Primary Registration District No. 5396

File No. 4451  
Registered No.                      Ward                     

**2. FULL NAME**

(a) Residence, No.                      St.                      Ward                       
(Usual place of abode)

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. (If nonresident, give city or town and State)

Julia A. James

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-19-34

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

22. I HEREBY CERTIFY, That I attended deceased from May, 1932, to 2-19-34, 1934  
I last saw her alive on Feb 19, 1934. Death is said to have occurred on the date stated above, at 8 m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 16. 1846

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

7. AGE YEARS 87 MONTHS 2 DAYS 3 If LESS than 1 day, hrs. or min.

Carcinoma Liver Date of onset 1932

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

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

46  
151  
Other contributory causes of importance:  
Chronic Nephritis 1932

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Aron Freeman

Name of operation Abdominal findings Date of                       
What test confirmed diagnosis? Was there an autopsy? no

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

15. MAIDEN NAME Sarah Ball

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.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Douglas Co  
Dont Know

17. INFORMANT (ADDRESS) Willow Springs, Mo

Manner of injury  
Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Airtt DATE 2/20/34

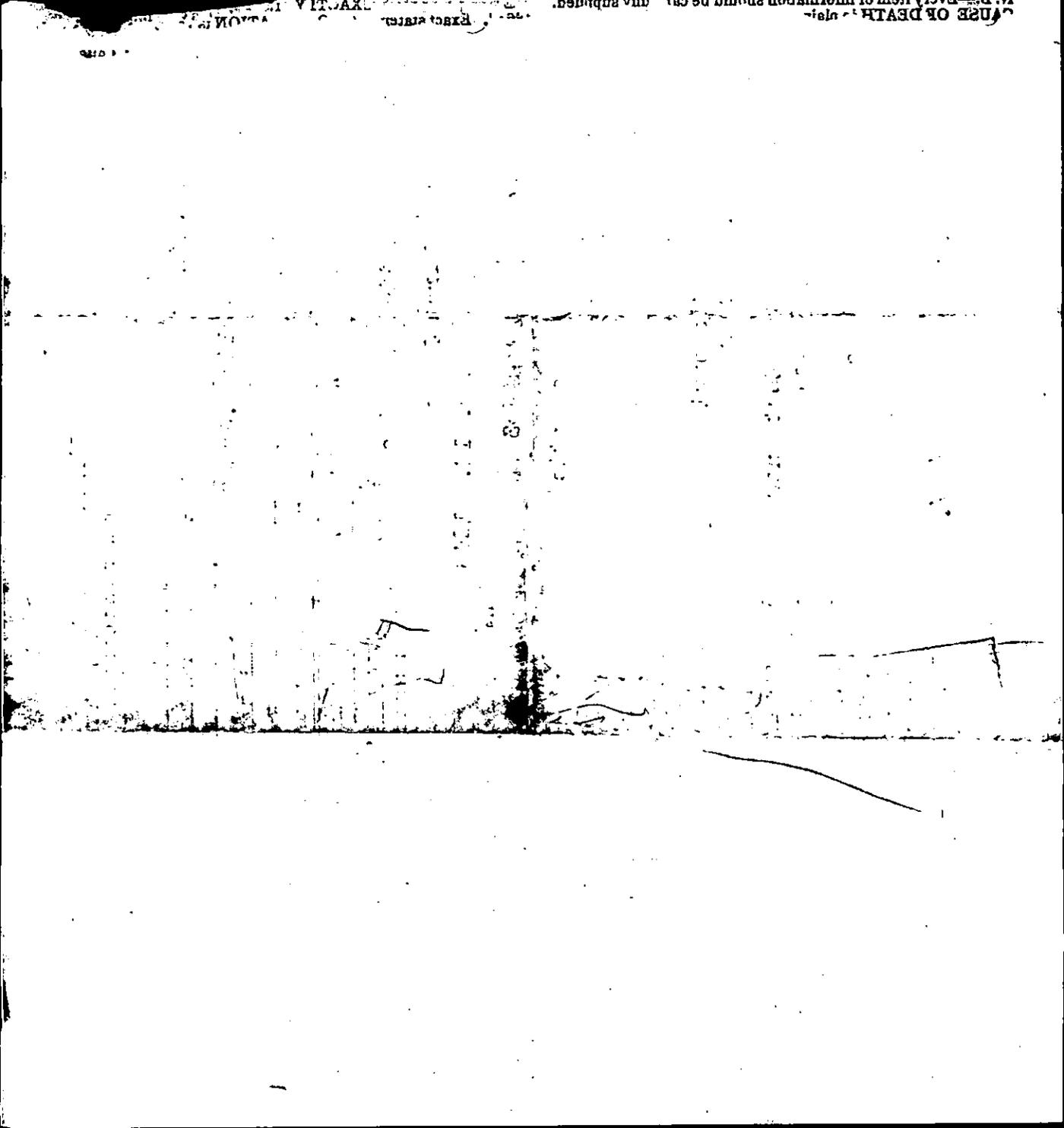
24. Was disease or injury in any way related to occupation of deceased? no

19. UNDERTAKER (ADDRESS) Willow Springs, Mo

If so, specify (Signed) J. B. Davis M. D.  
(Address) Willow Springs, Mo

20. FILED 19                      Faye Thornton Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION in plain terms, so that it may be properly classified.



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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Douglas  
Township McPhuley  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 957  
Primary Registration District No. 3395

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME**

Julia A. James

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid

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

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

7. AGE YEARS 88 MONTHS 2 DAYS 3 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Missouri

13. NAME Aron Freeman

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

15. MAIDEN NAME Sarah Ball

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Douglas Co Mo

17. INFORMANT (ADDRESS) J.C. Davis

18. BURIAL, CREMATION, OR REMOVAL PLACE mt arant DATE Feb 20 1934

19. UNDERTAKER J.R. Burns & Son (ADDRESS) Willow Spgs Mo

20. FILED Mar 19 1934 Faye Thornton Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-19-1934

22. I HEREBY CERTIFY, That I attended deceased from May 1932 to 2-19-, 1934

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. 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:

Curculionid larvae Date of onset 1934

Other contributory causes of importance: 46

Chronic hepatitis

Name of operation \_\_\_\_\_ 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) J.C. Davis M. D. (Address) Willow Spgs. Mo.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

5-4157