

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

Do not use this space.

1. PLACE OF DEATH

County Barry
Township Flat Creek
City Near Cassville

Registration District No. 29
Primary Registration District No. 5038

File No. 23099
Registered No. 45
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ 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 Female
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 James James
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 9, 1890
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 43 9 13
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Near Cassville
(STATE OR COUNTRY) Mo

13. NAME George Owens

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

15. MAIDEN NAME Eunice B. Hays

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

17. INFORMANT Mrs. Everett Moore
(ADDRESS) Mineral Springs Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Coryville DATE July 15, 1934

19. UNDERTAKER Benjamin C. Cullen
(ADDRESS) Cassville Mo

20. FILED 2 19 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1934 to July 15, 1934

I last saw him alive on July 15, 1934. Death is said to have occurred on the date stated above, at 4:30 A.M.

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

Terminal Bronchopneumonia
(Bilateral) Date of onset 7-12-34

Malarial Fever June 1934

Other contributory causes of importance:

38
107A

Name of operation no Date of _____
What test confirmed diagnosis? Sub 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) Gilbert L. Kimball, M. D.

(Address) Wheaton, Mo.

#2 *Barry*

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

45 -

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Cressy Charlie James
Who died at _____ on July - 14 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex 71 Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 43 Months 9 Days 13

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: _____

Other contributory causes of importance _____

Name of operation _____ Date of _____

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

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar Jos. W. Newman Date filed 8-10-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dist. No 29

Primary Reg. Dist. No. 5038

E. T. McGaugh M.D.
Special Agent.

S-23099