

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.

AUG 21 1934

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township New
City Keosauqua (No. 1926)

Registration District No. 5
Primary Registration District No. 7

File No. 24386
Registered No. 2172
St. 2. J. 82 Ward

2. FULL NAME

Antonio James
(a) Residence, No. 1926 Howard St. Howard 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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4, 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 10 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) none 11. Total time (years) spent in this occupation none

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Mo.

13. NAME Charles James

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

15. MAIDEN NAME Frances Venturini

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

17. INFORMANT (ADDRESS) Frances Venturini

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary DATE July 7, 1934

19. UNDERTAKER (ADDRESS) Prosperino Bros.

20. FILED July 5, 1934 M. M. Crome Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from 3:25 P.M. - 7-4, 1934 to 3:35 P.M. - 7-4, 1934

I last saw him alive on July 4, 1934 Death is said to have occurred on the date stated above, at 3:25 P.M.

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

Prematurity
6 mos term
15 lb

Other contributory causes of importance: Polyhydramnios

Name of operation 1504 Date of July 4, 1934
What test confirmed diagnosis? 1504 Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury July 4, 1934

Where did injury occur? home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
Nature of injury no

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

If so, specify no
(Signed) Margaret Jones M. D.
(Address) 5321 Altman Bldg.

