

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

Do not use this space.

24428

3010

1. PLACE OF DEATH

County JACKSON Registration District No. 477
 Township KAW Primary Registration District No. 1
 City KANSAS CITY (No. 2208; PROSPECT) St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME EDWARD H JAMES

(a) Residence, No. 2208 - PROSPECT St., _____ Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 36 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 MRS. WILLIE E. JAMES

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 25 1860

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, _____ hrs. or _____ min.
	<u>73</u>	<u>11</u>	<u>12</u>	

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. WATER DEPT.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LOWDEN COUNTY VIRGINIA

13. NAME JAMES

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

15. MAIDEN NAME UNKNOWN

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

17. INFORMANT MR. CHARLES R. JAMES
 (ADDRESS) 6628 PARK

18. BURIAL, CREMATION, OR REMOVAL PLACE OAK GROVE, MO. DATE July 8 1934

19. UNDERTAKER D. W. NEWBOMER'S SONS
 (ADDRESS) KANSAS CITY, MISSOURI

20. FILED 7-7 1934 ansm Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY 6 1934

I HEREBY CERTIFY, That I attended deceased from July 3 1934 to July 6 1934

Last saw him alive on July 6 1934 Death is said to have occurred on the date stated above, at 6:00 P.M.

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

Cerebral Embolism
826
97 92

Other contributory causes of importance: _____

Arterio Sclerosis

Name of operation None Date 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 None

Nature of injury _____

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

If so, specify... _____

(Signed) Emil W. Cooney M. D.

(Address) 652 Midway Blvd

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.

AUG 21 1934

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Mr. Ernest H. ...
Board of Trade