

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.

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

Do not use this space.

30747

1. PLACE OF DEATH **SEP 13 1934** Registration District No. **791**
 County Township City **St Louis** (No. **4518**, **Washington Ave**)
 Primary Registration District **1003** File No.
 Registered No. **8001** Ward)

2. FULL NAME **William James**
 (a) Residence, No. **2344 Mullaughy 20** Ward. (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 Clara		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 8, 1865		
7. AGE	YEARS 68	MONTHS 9
	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. Watchman	
	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) Illinois		
FATHER	13. NAME unknown	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown	
	15. MAIDEN NAME unknown	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown	
	17. INFORMANT Clara James (ADDRESS) 2344 Mullaughy	
18. BURIAL, CREMATION, OR REMOVAL PLACE Cemetery DATE Aug 4 1934		
19. UNDERTAKER (ADDRESS) John P. O'Connell 1219 E. 9th St		
20. FILED AUG 15 1934 J. P. O'Connell Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 1 1934**

22. I HEREBY CERTIFY, That I attended deceased from **July 23 1934** to **Aug 1 1934**
 I last saw him alive on **July 31 1934** Death is said to have occurred on the date stated above, at **4:35 pm**.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Cecum Date of onset **July 6**
with Sigmoid
Carcinomatosis
 Other contributory causes of importance: **46**
71 1/2
53

Name of operation **Abdominal exploratory** Date of **July 27**
 What test confirmed diagnosis? 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**
 Or so, specify

(Signed) **Arthur T. Joel** M. D.
 (Address) **1901 Madison St**

