

WHITE 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.

OCT 8 1934

1. PLACE OF DEATH

County Jefferson  
Township Black  
City (No. ....) (St. ....) (Ward)

Registration District No. 423  
Primary Registration District No. 5578

File No. 33217  
Registered No. 36

2. FULL NAME

Lloyd C. James  
(a) Residence No. 40 70<sup>th</sup> Laclede St., Ward. ....  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred 14 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 WIFE Mae James

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 17<sup>th</sup> 1897

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.  
37 7 23

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Cook  
(b) General nature of industry, business, or establishment in which employed (or employer) Restaurant  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

10. NAME OF FATHER unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) unknown

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) unknown

14. INFORMANT Mae James  
(Address) 40 70<sup>th</sup> Laclede - St. L. Mo.

15. FILED Aug 16<sup>th</sup> 1934 Phil J Kirk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept-10-1934

17. I HEREBY CERTIFY That I attended deceased from 7:30 Dr. in attendance, 1934, that I last saw him alive on 6 P.M., 1934, and that death occurred, on the date stated above, at 6 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Drawn (Mississippi)  
near Jamb (near Dismal)  
Ms.) Cause unknown

CONTRIBUTORY (SECONDARY) 180  
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....  
(Signed) O. Reich, M.D. (Coroner)  
, 19 (Address) Jefferson St. Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New St. Marcus DATE OF BURIAL Sept-17 1934

20. UNDERTAKER Bessie Nichols ADDRESS 1138 70<sup>th</sup> St. St. L.

438 1/2 70<sup>th</sup> St.

PARENTS

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