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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

OCT 11 1934

Do not use this space.

34359

1. PLACE OF DEATH

County..... Registration District No. 7911

Township..... Primary Registration District No. 1003

City St. Louis (No. 505 S., Ewing St. ..... Ward)

File No. .....

Registered No. 915

2. FULL NAME Kelley James

(a) Residence, No. 505 S. Ewing St., 22 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Col.	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
Abt.	52	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

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) Mississippi

FATHER

13. NAME Harrison James

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

MOTHER

15. MAIDEN NAME Maggie Wiley

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

17. INFORMANT Lucille Kelley
(ADDRESS) 505 S. Ewing

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood Cem. DATE Sept. 15, 34

19. UNDERTAKER C. W. Roberts
(ADDRESS) 3035 Lucas Ave.

20. FILED 5, 19 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1934, to Sept 10, 1934

I last saw him alive on Sept 7, 1934. Death is said to have occurred on the date stated above, at 6:45 P.M.

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

	Date of onset
Cerebral Hemorrhage	10 d
Coma	

Other contributory causes of importance:

Arterio Sclerosis	some time

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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 .....

Nature of injury .....

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

If so, specify .....

(Signed) Vincent J. Mueller, M. D.

(Address) 2335 Franklin