

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

Do not use this space.

3690B

1. PLACE OF DEATH

County Fernand
Township Little Prairie
City (No)

Registration District No. 1099
Primary Registration District No. 2868

File No.
Registered No. 36
St. Ward)

2. FULL NAME

Olga B. James

(a) Residence, No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 3 yrs. mo. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE C 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) 7/10/1909

7. AGE YEARS 25 MONTHS 3 DAYS 9 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. bookkeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Same
10. Date deceased last worked at this occupation (month and year) 12/4/1934 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Patruville miss

13. NAME Arthur James

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Balsville miss

15. MAIDEN NAME Annie Heron

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Balsville miss

17. INFORMANT (ADDRESS) Cleo. Smith

18. BURIAL INFORMATION OR REMOVAL PLACE Wardell DATE 10/20 1934

19. UNDERTAKER (ADDRESS) J. Smith Haver, Mo.

20. FILED 11 9 1934 J. L. Cross Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/19/1934

22. I HEREBY CERTIFY, That I attended deceased from 5/28/34 1934 to 10/11/1934 I last saw him alive on Oct. 1, 1934 Death is said to have occurred on the date stated above, at m.

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

Pulmonary T.B.
with emphysema
23A
Other contributory causes of importance: J. J.

Name of operation Date of
What test confirmed diagnosis? Sputum as 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?
If so, specify
(Signed) Arthur James M. D.
(Address) Wardell

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.

