

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

Do not use this space.

2546

MAR 2 1935

1. PLACE OF DEATH

County Randolph Registration District No. 735
Township Moberly Primary Registration District No. 3034
City Moberly (No. 235 Bedford) St. _____ Ward _____

File No. _____
Registered No. 6
St. _____ Ward _____

2. FULL NAME

William James
(a) Residence, No. 235 Bedford St. _____ 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Catherine James</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 18th 1840</u>		
7. AGE	YEARS	MONTHS
	<u>94</u>	<u>11</u>
		DAYS
		<u>20</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>	
	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 _____	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8th 1935
22. I HEREBY CERTIFY that I attended deceased from
Jan 3rd 1935, to Jan 8th 1935
I last saw him alive on Jan 7th 1935 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:

Heart Enlargement

Date of onset

Jan 3rd 1935

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Qual Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) W. H. Megec, M. D.

(Address) Moberly Mo

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>
	13. NAME <u>Moses James</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Va</u>
	15. MAIDEN NAME <u>Sarah Cimmans</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>
	17. INFORMANT <u>Mrs Catherine James</u> (ADDRESS) <u>Moberly Mo</u>
MOTHER	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Moberly Mo</u> DATE <u>Jan 9th 1935</u>
	19. UNDERTAKER <u>Walter James</u> (ADDRESS) <u>Moberly Mo</u>
20. FILED <u>1/9</u> 1935 <u>Virginia Walker</u> Registrar	

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.

