

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.

CO APR 1 2 1935

8155

1. PLACE OF DEATH

County Richman Registration District No. 85

Township _____ Primary Registration District No. 1001

City St. Joseph Mo. (No. State) _____

File No. _____

Registered No. 327

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. St. Joseph Mo. 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 M 4. COLOR OR RACE W 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) Year 1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 34 Unknown

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

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) St. Joseph Mo.

13. NAME James Alba Stotts

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Arkansas

15. MAIDEN NAME Ester Federer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ia

17. INFORMANT (ADDRESS) State Hosp Records St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph DATE 3-22-35

19. UNDERTAKER (ADDRESS) 7 Beaman Mortuary St. Joseph Mo.

20. FILED 3-22-35 J. John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1933 to March 19, 1935

I last saw him alive on March 19, 1935 Death is said to have occurred on the date stated above, at 9 P m.

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

Fracture of femur Date of onset 3-16-35

Other contributory causes of importance: 92a

Name of operation None Date of _____

What test confirmed diagnosis? Chol Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury ns, 1935

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 None Nature of injury _____

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

If so, specify _____ (Signed) J. M. Miles, M. D.

(Address) State Hosp No 2

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The first part of the book is devoted to a general introduction to the subject of the history of the United States. It begins with a discussion of the early years of the Republic, and then proceeds to a more detailed examination of the various periods of American history. The author discusses the role of the various states in the development of the Union, and the influence of the various political parties and movements. He also discusses the role of the various social and economic forces in shaping the course of American history.

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