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

MAY 24 1935

Do not use this space.

12473

1. PLACE OF DEATH
County Franklin — Registration District No. 297
Township — Primary Registration District No. 3016 — File No.
City Washington (No. , St. Ward) — Registered No. 42

2. FULL NAME Edward Wilson James
(a) Residence, No. 629 West Third St. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 4 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 (~~OR WIFE OF~~) Bessie James, nee Gregory

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	0	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman
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) Franklin County Missouri

FATHER
13. NAME John G. James
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mobile Alabama

MOTHER
15. MAIDEN NAME Anna Frances Brown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Missouri

17. INFORMANT Mrs. Bessie James
(ADDRESS) 629 West Third St., Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL St. Peters Cemetery
PLACE Washington, Mo. DATE April 5, 1935

19. UNDERTAKER Otto & Co.
(ADDRESS) Washington, Mo.

20. FILED Apr. 3, 1935 H. A. May Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2 — 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar. 30 —, 1929, to Apr. 2 —, 1935
I last saw him alive on April 2 —, 1935. Death is said to have occurred on the date stated above, at 3:10 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic parenchymatous nephritis	unknown
Other contributory causes of importance: Carcinoma of stomach	about 2 yrs. ago

Name of operation none Date of ✓
What test confirmed diagnosis? Clinical & laboratory Was 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? No
If so, specify
(Signed) H. A. May, M. D.
(Address) Washington, Mo.

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.