

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.

MAY 27 1935

12692

1. PLACE OF DEATH

County JACKSON
Township
City INDEPENDENCE (No. 809 W. WALDO)

Registration District No. 398
Primary Registration District No. 3019

File No.
Registered No. 116
St. Ward

2. FULL NAME BELLE R. JAMES.

(a) Residence, No. 809 W. WALDO
(Usual place of abode)

St., Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? 65 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF —
(OR) WIFE OF ORVILLE L. JAMES.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT. 7, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 5 28

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

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) MILTON (HALTON COUNTY)
(STATE OR COUNTRY) CANADA

13. NAME JOHN A. ROBINSON

14. BIRTHPLACE (CITY OR TOWN) NO RECORD
(STATE OR COUNTRY) IRELAND

15. MAIDEN NAME JANE WALKER

16. BIRTHPLACE (CITY OR TOWN) NO RECORD
(STATE OR COUNTRY) CANADA

17. INFORMANT MRS. S. ARNSON
(ADDRESS) 809 W. WALDO

18. BURIAL, CREMATION, OR REMOVAL
PLACE MOUND GROVE DATE APR. 7, 1935

19. UNDERTAKER STAHL'S FUNERAL HOME
(ADDRESS) 815 W. MAPLE AVE. INDEP. MO.

20. FILED 4-8-35 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APR. 5, 1935 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1934 to April 5 1935

I last saw him alive on April 3 1935. Death is said to have occurred on the date stated above, at 7:30 AM.

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

Carcinoma of the bladder Jan 1934

Other contributory causes of importance:

Metastases into skull & liver
Left broncho pneumonia April 1935
Name of operation None Date of operation Nov. 1934

What test confirmed diagnosis? 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 1935

Where did injury occur? none
(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 none

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) John P. Green M. D.

(Address) Independence, Mo.

