

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

Do not use this space.

MAY 8 5 1935

13690

1. PLACE OF DEATH

County New Madrid
Township Big Lake
City..... (No.....)..... St..... Ward.....

Registration District No. 245
Primary Registration District No. 5800

File No.....
Registered No.....

2. FULL NAME

Lorena Margaret James

(a) Residence, No..... St..... Ward.....
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3 - 1932

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
3	2	8	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child

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) New Madrid Co Mo

13. NAME Charles James

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hayti Mo

15. MAIDEN NAME Margaret McNamee

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Delta Mo

17. INFORMANT Charles James
(ADDRESS) Matthews rd

18. BURIAL, CREMATION, OR REMOVAL PLACE Matthews rd DATE July 13 1935

19. UNDERTAKER (ADDRESS) W. W. L. Sexton Mo

20. FILED May 8 1935 Jessie E. Deane
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11 1935

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1935, to April 11, 1935
I last saw him alive on April 11, 1935. Death is said to have occurred on the date stated above, at 8:45 p. m.

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

Pertussis
Broncho-pneumonia

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis clinical Was there an autopsy?.....

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 Howard McHenry, M. D.
(Signed) Jessie E. Deane
(Address) Superior 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.

