

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.

JUL 17 1935

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

Do not use this space.

15874

1. PLACE OF DEATH

22 County Christian
4 Township
2 City Ozark, Mo. (No.)

Registration District No. 184

Primary Registration District No. 4110

File No.

Registered No. 22 St. Ward)

2. FULL NAME

(a) Residence, No. 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Hannie James TOP WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 22 1885
7. AGE YEARS 48 MONTHS DAYS If LESS than 1 day, ... hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Cutter
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) Ozark (STATE OR COUNTRY)

13. NAME Frank James

14. BIRTHPLACE (CITY OR TOWN) Michigan (STATE OR COUNTRY)

15. MAIDEN NAME Sarah L. Barton

16. BIRTHPLACE (CITY OR TOWN) Virginia (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mrs. Frankie James

18. BURIAL, CREMATION, OR REMOVAL PLACE Waller DATE June 2 1935

19. UNDERTAKER (ADDRESS) V. B. Chabber

20. FILED July 9 1935 Luella Leonard Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31 1935

22. I HEREBY CERTIFY, That I attended deceased from May 15 1935 to May 31 1935

I last saw him alive on May 31 1935. Death is said

to have occurred on the date stated above, at 9:30 a.m.

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

Pulmonary Abscess Date of onset unknown

24

Other contributory causes of importance neuro-syphilis

Name of operation none Date of

What test confirmed diagnosis? none 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

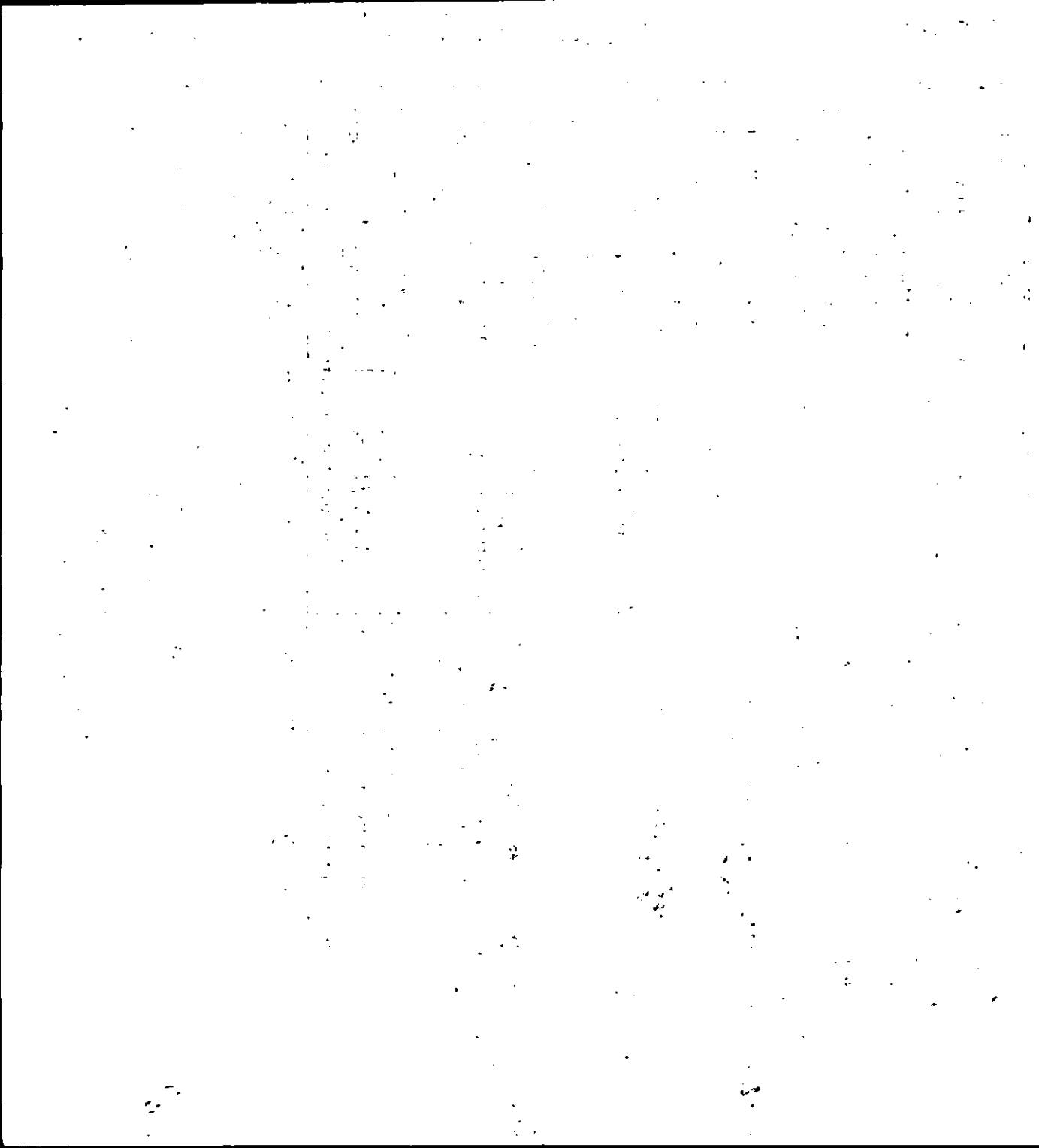
Nature of injury

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

If so, specify

(Signed) R. R. Farthing, M.D.

(Address) Ozark, 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.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENT
Do not use this space.

1. PLACE OF DEATH

County Christian

Registration District No. 184

Township

Primary Registration District No. 4110

City Clark mo. (No. _____)

File No. _____

Registered No. 22

St. _____ Ward)

2. FULL NAME

(a) Residence, No. _____ 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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

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

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than
day, _____
or _____

OCCUPATION

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.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER
(ADDRESS)

20. FILED

July 9, 1935 Larilla Leonard
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____

I last saw _____ alive on _____, 19____. 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:

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 _____

(Signed) _____, M. D.

(Address) _____

SEP 17 1935

5-15874