

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 29 1935

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

Do not use this space.

21991

## 1. PLACE OF DEATH

County WrightRegistration District No. 908Township WardPrimary Registration District No. 6223City Ward

(No. \_\_\_\_\_)

File No. \_\_\_\_\_

Registered No. 47

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME David Leslie James

(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  
(OR) WIFE OFMar. James

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

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.Engineer9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.R. R.10. Date deceased last worked at  
this occupation (month and  
year)July 193011. Total time (years)  
spent in this  
occupation26 yrs.12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Lowell  
Ohio

## MOTHER

13. NAME David Leslie James14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Wilmington  
Ohio15. MAIDEN NAME Emily Francis Cox16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Moberg  
Ohio17. INFORMANT  
(ADDRESS)Emily Francis James  
R. 2, Moberg, Mo.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE of family cemetery DATE June 20, 193519. UNDERTAKER  
(ADDRESS)Richardson

## 20. FILED

6223Wilmington Montgomery  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

June 23 - 1935

## 22. I HEREBY CERTIFY, That I attended deceased from

May 15 - 1935 to June 23 - 1935I last saw him alive on June 22 - 1935 Death is saidto have occurred on the date stated above, at 8:50 P. M.

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

Date of onset

Acute Endocarditis

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)

R. W. L. L. L.

M. D.

(Address)

Wilmington Montgomery



**ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED EXCEPT WHERE SHOWN OTHERWISE.**

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OCT 7 1935

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