

AUG 13 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Butler
 Township Awh Hill
 City Brosley, Mo.

Registration District No. 90
 Primary Registration District No. 3734A

File No. 22298
 Registered No. 6
 St. Ward

2. FULL NAME Azalea James

(a) Residence, No. Brosley, Mo. 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 23, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 3 23

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

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) Butler County
 (STATE OR COUNTRY) Missouri

13. NAME John McCoy

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Ambrose James
 (ADDRESS) Brosley, Missouri

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mole Hill cemetery DATE July 17, 1935

19. UNDERTAKER Greer Funeral Service
 (ADDRESS) Poplar Bluff, Missouri

20. FILED 7-19 19 Nov 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1935 to July 16, 1935

I last saw her alive on July 15, 1935. Death is said to have occurred on the date stated above, at 6 P.m.

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

Nephritis, Chronic

Date of onset 3-1-35

Other contributory causes of importance:

Malarial Fever

7-14-35

Name of operation Date of

What test confirmed diagnosis? Clinical 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) J. Lester Harwell M. D.

(Address) Poplar Bluff, 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.

