

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

Do not use this space.

25310

1. PLACE OF DEATH

County Stoddard
Township Elk
City Charter Oak, (No. _____, _____ St. _____ Ward)

Registration District No. 1133
Primary Registration District No. 5799A

File No. _____
Registered No. 9

2. FULL NAME Emma Lee James

(a) Residence, No. Charter Oak 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 <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Child</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 23-1935</u>		
7. AGE	YEARS	MONTHS
	<u>2</u>	<u>23</u>
	if LESS than 1 day, _____ hrs. or _____ min.	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>
	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) Charter Oak, Mo

13. NAME Astry James

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

15. MAIDEN NAME Maddie Mc. Glou

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

17. INFORMANT (ADDRESS) Astry James Charter Oak - Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Waxall, Mo DATE July 8 1935

19. UNDERTAKER (ADDRESS) Superv of B. Family

20. FILED July 8 1935 James D. Kochel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/7-35 1935

22. I HEREBY CERTIFY That I attended deceased from July 3 1935 to July 8 1935
I last saw her alive on July 8 1935. Death is said to have occurred on the date stated above, at 8 P. m.

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

Date of onset 7/8-35

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) J. A. Beach, M. D.
(Address) Charlottesville - 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.

