

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

Do not use this space.

31779

NOV 18 1935

1. PLACE OF DEATH

County Audrain Registration District No. 26
Township Saltriver Primary Registration District No. 5034
City Mexico, Mo. R. F. D. No. _____ St. _____ Ward _____

File No. _____
Registered No. 159

2. FULL NAME Charlie James

(a) Residence, No. County Infirmary 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>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown</u>		
7. AGE YEARS	MONTHS	DAYS
<u>about 71</u>		
8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc.		<u>Day laborer</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) <u>Audrain Co Missouri</u>		
13. NAME <u>Benjamin Franklin James</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
15. MAIDEN NAME <u>unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Wallace R. Bise Mexico Mo. R. F. D.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Audrain Co Mo Lockridge Cemetery Oct 24 1935</u>		
19. UNDERTAKER (ADDRESS) <u>M^cPheters Bros Mexico Mo</u>		
20. FILED <u>Oct. 24 1935 B Canche Neely Registrar</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 23 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 9 a.m.

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

Coroner's Case: Died suddenly of natural causes likely some heart condition.

Date of onset _____

Other contributory causes of importance: No further information

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? NO.

If so, specify _____

(Signed) W.K.M. Coroner Audrain County
Ladonia, Mo.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
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.

