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.

DEC 26 1935

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

Do not use this space.

36009

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township City — Primary Registration District No. 1002
City K.C. Mo. (No. General Hosp. #2 St. 3rd Ward)

File No. 5000
Registered No. 6-0-0

2. FULL NAME Robert James

(a) Residence, No. 2207 Flora 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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-14-1906

7. AGE: Years 28 | Months 10 | Days 19 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter
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) La.

FATHER
13. NAME G. T. James
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tuckhorn

MOTHER
15. MAIDEN NAME Delia — Unk
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La.

17. INFORMANT (ADDRESS) Record Clerk General #2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Blue Ridge DATE 11/6 1935

19. UNDERTAKER (ADDRESS) Hopkins Bros 1719 Lydia

20. FILED Nov. 6 1935 M. M. Crowne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-3 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-26, 1935 to 11-3, 1935
I last saw him alive on 11-3, 1935. Death is said to have occurred on the date stated above, at 1:00 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Paresis	

Other contributory causes of importance: Bilateral Lobar Pneumonia

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

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) [illegible] M.D.
(Address) General Hosp. #2