

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

Do not use this space.

JAN 16 1936

39962

**1. PLACE OF DEATH**

County Jasper Registration District No. 411  
 Township Lebanon Primary Registration District No. 2002  
 City Joplin (No. 822, Missouri Ave. St. \_\_\_\_\_ Ward \_\_\_\_\_)

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

**2. FULL NAME** Edward James

(a) Residence, No. 822 Missouri St. Ward. \_\_\_\_\_  
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 15<sup>th</sup> 1935

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 8 1935, to Dec 15 1935

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12-1865

I last saw him alive on Dec 15 1935. Death is said to have occurred on the date stated above, at 11:30 p.m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 70 5 3

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

Pulmonary tuberculosis Date of onset ?

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

Other contributory causes of importance:  
Influenza May 1935

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peoria, Ill

13. NAME John James

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Mattie Huley (Daughter)  
 (ADDRESS) Joplin, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview DATE Dec 17 1935

19. UNDERTAKER Lauffer Mortuary  
 (ADDRESS) Joplin Mo.

20. FILED 12-16-35 E. James  
 Registrar.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis skull 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_

(Signed) A. Howland, M. D.  
 (Address) Joplin 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.

29  
31  
31

