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.

MAY 20 1936

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

Dr English Cardwell

Do not use this space.

14720

1. PLACE OF DEATH
County Dunklin — Registration District No. 290 — File No.
Township Salem — Primary Registration District No. 5408 — Registered No. 19
City (No. St. Ward)

2. FULL NAME Ida M James
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 29, 1895

7. AGE YEARS 39 MONTHS 7 DAYS 20 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cleveland County Ark

FATHER
13. NAME R. C. Reamer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

MOTHER
15. MAIDEN NAME Ida McCallister
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT (ADDRESS) W. M. James Senath Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ellis Chappel DATE April 20 1936

19. UNDERTAKER (ADDRESS) McDaniel Funeral Service Senath Mo

20. FILED 5/9 1936 A. S. McDaniel Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-11, 1936, to 4-19, 1936
I last saw her alive on 4-19, 1936 Death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis — Date of onset

23

Other contributory causes of importance:
Influenza
Pneumonia

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) Wallace D. Engleby, M. D.
(Address) Cardwell, Mo.