

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.

JUN 17 1936

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

Do not use this space.

18660

1. PLACE OF DEATH

County Buchanan Registration District No. 85 File No. 18660
Township Washington Primary Registration District No. 1001 Registered No. 749
City St. Joseph Missouri (No. Mo. Methodist Hospital) St. Ward

2. FULL NAME Josephine Elizabeth James

(a) Residence, No. Mo. Methodist Hospital 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) New-born

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF New-born

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 25-1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, in hrs. 1

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

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) St. Joseph, Missouri (STATE OR COUNTRY)

13. NAME Lloyd Rees James

14. BIRTHPLACE (CITY OR TOWN) Bevier, Missouri (STATE OR COUNTRY)

15. MAIDEN NAME Rena Marie Perona

16. BIRTHPLACE (CITY OR TOWN) Bevier, Missouri (STATE OR COUNTRY)

17. INFORMANT Mr. Lloyd Rees James (ADDRESS) Dallatin Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joe Mem Park DATE May 27th 1936

19. UNDERTAKER Heaton, Bell & Bowman (ADDRESS) 319 So 10th St - Junction Home

20. FILED May 27 1936 H. S. Sauer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26th 1936

22. I HEREBY CERTIFY, That I attended deceased from May 26 1936 to May 26 1936

I last saw him alive on May 26 1936 Death is said

to have occurred on the date stated above, at 7:00pm

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

Pneumonia - 7 mos.

Date of onset

Other contributory causes of importance

1931

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) H. S. Sauer, M. D. (Address) St. Joseph Mo.

