

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.

AUG 10 1936

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

Do not use this space.

28692

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
Mo. Baptist Hospital.

File No.....
Registered No. 7458
St. Ward)

2. FULL NAME William H. James.

(a) Residence, No. 5255 Enright Ave. St. 12 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
65 11 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newspaper Writer.
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) Missouri.

MOTHER FATHER 13. NAME Christopher C. James.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis.

15. MAIDEN NAME Unknown

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

17. INFORMANT Harry James
(ADDRESS) 5255 Enright Ave. St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews DATE July 18, 1936

19. UNDERTAKER Arthur J. Donnelly & Co.
(ADDRESS) 3846 Grand St. St. Louis

20. FILED JUL 17 1936 J. W. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15 1936

22. I HEREBY CERTIFY That I attended deceased from July 14, 1936, to July 15, 1936.
I last saw him alive on July 13, 1936. Death is said to have occurred on the date stated above, at 9:35 P.M.

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

heat exhaustion
(excessive heat) Date of onset July 14

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? clinical 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? no
If so, specify.....
(Signed) J. W. Black, M. D.
(Address) 1001 Union

1577 J. M. Black

1001 N. Union

127

3-4