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.

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

OCT 20 1936

Do not use this space.

33572

1. PLACE OF DEATH

County Barry Registration District No. 37

Township ~~[illegible]~~ Primary Registration District No. 5053

City ..... (No. ....., ..... St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME James Franklin Fine

(a) Residence, No. Seligman Mo. 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: w.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 6, 1936

7. AGE: YEARS | MONTHS | DAYS 5, | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) Seligman Barry Co. Mo.

FATHER

13. NAME James Dane Fine

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry Co. Mo.

MOTHER

15. MAIDEN NAME Margie Noble

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry Co. Mo.

17. INFORMANT (ADDRESS) Mrs Fine

18. BURIAL, CREMATION, OR REMOVAL

PLACE Roller DATE Sept. 11, 1936

19. UNDERTAKER (ADDRESS) C. Weathers

20. FILED 10/10, 1936 Jewell Roller Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 6, 1936, to Sept. 10, 1936.

I last saw him alive on Sept. 10, 1936 Death is said to have occurred on the date stated above, at 3:00 A.m.

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

Jaundice
Icterus Neonatorum

Date of onset

Other contributory causes of importance:

161

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?

If so, specify

(Signed) Dr Charles Russell Brown M.D.

(Address) Seligman Missouri