

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

Do not use this space.

OCT 21 1936

33968

1. PLACE OF DEATH

County Cheyate Registration District No. 204
Township Frank Primary Registration District No. 3013
City Cameron (No.)

File No.
Registered No. 3013
St. Ward

2. FULL NAME

(a) Residence, No. 85 Orange St., Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Myrtle James</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 2 1871</u>		
7. AGE	YEARS <u>65</u>	MONTHS <u>2</u>
	DAYS <u>5</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Veterinary</u>	11. Total time (years) spent in this occupation
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Braxton Ontario</u> <u>Cascade</u>		
MOTHER	13. NAME <u>Wm James</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>	
	15. MAIDEN NAME <u>Rachel West</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Canada</u>	
17. INFORMANT <u>Mrs W W James</u> (ADDRESS) <u>Cameron Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cameron Mo</u> DATE <u>Sept 10 1936</u>		
19. UNDERTAKER <u>W Moore</u> (ADDRESS) <u>Cameron Mo</u>		
20. FILED <u>9/9</u> 19 <u>36</u> <u>W C H Risley</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 8th 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 6 1936, to Sept 8 1936
I last saw him alive on Sept 8 1936 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
apoplexy
Other contributory causes of importance:
g & d

Date of onset	<u>Sept 6-8-36</u>
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Name of operation..... Date of.....
What test confirmed diagnosis?..... 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 A. O. Gilliland (Signed) , M. D.
Cameron Mo (Address)

