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.

34310

OCT 21 1936

1. PLACE OF DEATH

County Iron — Registration District No. 390 — File No.

Township — Primary Registration District No. 5545 — Registered No. 11

City Des Arc (No. 4-29 St. Ward)

2. FULL NAME William Franklin 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 24 yrs. 10 mos. 20 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 12, 1872

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
64	7	23	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clerk

10. Date deceased last worked at this occupation (month and year) Sept 4, 1936

11. Total time (years) spent in this occupation 24

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger County, Mo.

FATHER

13. NAME Reuben E. James

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger County, Mo

MOTHER

15. MAIDEN NAME Minta R. Pierce Cargill

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Atlanta, Ga

17. INFORMANT (ADDRESS) C. F. James, Des Arc, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Des Arc, Mo DATE Sept. 7 1936

19. UNDERTAKER (ADDRESS) "Bond", Ironton Mo.

20. FILED 10-11 1936 L. C. Turner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-5, 1936 to 9-5, 1936

I last saw him alive on 6-11, 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:

	Date of onset
Aortic Stenosis	
92a	

Other contributory causes of importance:

Arteriosclerosis

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) T. C. Giles, M. D.

(Address) Piedmont, Mo.