

DEC 20 1936

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

Do not use this space.

41251

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City, Mo. (No. 705 E 30th St.)Registration District No. 399
Primary Registration District No. 1002File No. 1
Registered No. 1002
St. Ward 2. FULL NAME Mrs. Cora Ellen James(a) Residence, No. 705 E 30th St St. Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Jefferson Davis
(OR) WIFE OF6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 31, 18717. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
65 9 8OCCUPATION 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) Ill
(STATE OR COUNTRY)13. NAME Lewis Winter14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)15. MAIDEN NAME Julia Reel16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)17. INFORMANT Miss Leila James,
(ADDRESS) 705 E 30th St. K.C. Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE Nov. 12-3619. UNDERTAKER G. H. Blackman & Son, Inc
(ADDRESS) 2825 Indep. Blvd. K.V. Mo.20. FILED Nov 14 1936 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 9-36, 193622. 101 HEREBY CERTIFY, That I attended deceased from Nov. 9, 1936, to Nov. 9, 1936I last saw her alive on Nov 8, 1936 Death is saidto have occurred on the date stated above, at 1 A. m.

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

Angina PectorisDate of onset 134 yrs

Other contributory causes of importance

Coronary SclerosisName of operation None Date of
What test confirmed diagnosis? None 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? NoIf so, specify (Signed) W. B. Brown, M. D.(Address) 333 Karpis Bldg

BE 0972 108 N. Saxon

W. J. E. Saxon