

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.

At Powers

JAN 10 1937

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

Do not use this space.

46961

1. PLACE OF DEATH

County
Township
City *St. Louis*

Registration District No. *791*
Primary Registration District No. *1003*
City Hospital *#1*

File No.
Registered No. *12784*
St. Ward *25*

2. FULL NAME *DANIEL C JAMES*

(a) Residence, No. *1215 St Ange* St. *22* 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 *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 *Arkie A James*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 19 1865*
7. AGE YEARS *71* MONTHS *8* DAYS *7* If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *M.P.A.*
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) *Ark* (STATE OR COUNTRY)

MOTHER FATHER 13. NAME *Alvin James*
14. BIRTHPLACE (CITY OR TOWN) *Unk.* (STATE OR COUNTRY)
15. MAIDEN NAME *Lucy McClenden*
16. BIRTHPLACE (CITY OR TOWN) *Unk.* (STATE OR COUNTRY)

17. INFORMANT *J M James* (ADDRESS) *1215 St Ange*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Valhalla Cem* DATE *Dec 29 1936*

19. UNDERTAKER *A Ellis* (ADDRESS) *5140 Delmar*

20. FILED *DEC 26 1936* *J Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 26 1936*
22. I HEREBY CERTIFY, That I attended deceased from *12-24 1936* to *12-24 1936*
I last saw him alive on *12-24 1936*. Death is said to have occurred on the date stated above, at *10:30 a.m.*
The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy
Generalized Arterio-Sclerosis?
Date of onset *12-24-36*
Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis *Clinical* 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 *Pneumo. Powers* M. D.
(Signed) *2531 So Jefferson*
(Address)

Receipt

No
0571