

MAR 17 1937

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

Do not use this space.

## 1. PLACE OF DEATH

6 County Barton Registration District No. 46  
Township Nashville Primary Registration District No. 5069  
City Nashville, Mo. No. 2 St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 4922Registered No. 3

## 2. FULL NAME

Clarence James  
(a) Residence, No. Nashville, Mo. Ward. \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 57 yrs. 9 mos. 9 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 Jessie M. James  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 1, 1880  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
57 0 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
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) Barton Co Missouri13. NAME Henry James14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York15. MAIDEN NAME Francis Barber16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York17. INFORMANT Mrs. Jessie James (ADDRESS) Nashville Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Nashville Mo DATE Feb 22 193719. UNDERTAKER Ellsworth Trust Co (ADDRESS) 114 West 6th Pittsburg20. FILED 2/22 1937 Gladys Overman Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 20, 193722. I HEREBY CERTIFY, That I attended deceased from 1 P.M. 2-20 - 1937 to 4 P.M. 2-20 - 1937I last saw him alive on 2-20 - 1937 Death is saidto have occurred on the date stated above, at 4:00 p.m.

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

Cerebral Haemorrhage Date of onset \_\_\_\_\_(Paralysis) died 4 hrs. after stroke

Other contributory causes of importance: \_\_\_\_\_

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? No

If so, specify \_\_\_\_\_

(Signed) W. H. Knott, M. D.(Address) Jasper, Mo.

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.

