

APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH *Peoples Hospital* Registration District No. *791*
 County *St. Louis* Primary Registration District No. *1003*
 Township *St. Louis* City *mo* (No. *mo*) St. *mo* Ward *mo*

2. FULL NAME *Odie James*
 (a) Residence, No. *4149 Ennright* St. *ave 11* Ward *11*
 (Usual place of abode) (If nonresident, give city or town and State)
 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.

File No. *10757*
 Registered No. *3331*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *Col* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Orzie James*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 5-1891*
 7. AGE YEARS *45* MONTHS *9* DAYS *18* If LESS than 1 day,hrs. ormin.

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

12. BIRTHPLACE (CITY OR TOWN) *St. Louis* (STATE OR COUNTRY) *mo*
 13. NAME *Samuel James*
 14. BIRTHPLACE (CITY OR TOWN) *St. Louis* (STATE OR COUNTRY) *mo*
 15. MAIDEN NAME *Fannie Washington*
 16. BIRTHPLACE (CITY OR TOWN) *St. Louis* (STATE OR COUNTRY) *mo*
 17. INFORMANT *Orzie James* (ADDRESS) *4149 Ennright*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Washington Park* DATE *3. 26* 1937
 19. UNDERTAKER *Manuel and Co* (ADDRESS) *4059 James ave*
 20. FILED *J. P. Predeck* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3/23/1937*
 22. I HEREBY CERTIFY, That I attended deceased from *3/1* to *3/23* 19*37*
 I last saw him alive on *3/23* 19*37* Death is said to have occurred on the date stated above, at *9:20* a.m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset *1 day*
Chronic Cardiac Hypertension 1924
 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?
 If so, specify *E. J. Ogle*
 (Signed) *E. J. Ogle*, M. D.
 (Address) *3136 Pontiac*

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.

4909

MAR 25 1937

