

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MAY 15 1937

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Paris

Primary Registration District No. 1002

City N. C. Mo.

(No. 2629 Elma Avenue, St. Elma, Ward)

File No. 15461

Registered No. 2039

2. FULL NAME

Anna James

(a) Residence, No. 2629 Elma Ave., St. Elma, Ward.

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-14-1855

7. AGE YEARS 81 MONTHS 6 DAYS 13 If LESS than 1 day, ... hrs. or min.

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) (STATE OR COUNTRY) Paris

13. NAME No Record

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT Frank M. Elliott (ADDRESS) 2517 Beavertown, N. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE April 29-37

19. UNDERTAKER Wm. C. L. Forester (ADDRESS) 718 Broadway, N. C. Mo.

20. FILED Apr 28 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April - 27 - 1937

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1937, to April 29, 1937.

I last saw him alive on , 1937. Death is said

to have occurred on the date stated above, at 9:40 P. m.

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

Cerebral Embolism

92a

Other contributory causes of importance:

Valvular Heart Disease

Date of onset

4/25/37

Name of operation Date of

What test confirmed diagnosis? 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 , 1937.

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) R. Williams, M. D.

(Address) 3400 Lehigh Ave., Kansas City, Mo.

5400 St John.
Be. 2659