

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

Do not use this space.

1. PLACE OF DEATH **31 1937**  
 County Randolph Registration District No. 735  
 Township Moberly Primary Registration District No. 3034  
 City Moberly (No. 123, Elizabeth) St. Elizabeth Ward           
 2. FULL NAME Arnon Lee James  
 (a) Residence, No. 123 Elizabeth St.          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.

File No. 17363  
 Registered No. 113  
 St.          Ward         

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF           
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20<sup>th</sup> 1863  
 7. AGE YEARS 73 MONTHS 10 DAYS          If LESS than 1 day, ..... hrs. or ..... min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
 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) Mo  
 FATHER 13. NAME William R James  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo  
 MOTHER 15. MAIDEN NAME France Bremner  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)           
 17. INFORMANT Mrs Anna B King (ADDRESS) Moberly mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Holliday mo DATE apl 22<sup>nd</sup> 1937  
 19. UNDERTAKER (ADDRESS) Mahan and son Moberly mo  
 20. FILED Apr 27 1937 Ethel Gluba Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20<sup>th</sup> 1937  
 22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1937 to April 20 1937  
 I last saw him alive on April 20 1937 Death is said to have occurred on the date stated above, at 11:30 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of Stomach (Date of onset         )  
 Other contributory causes of importance:           
 Name of operation none Date of           
 What test confirmed diagnosis? Biopsy Was there an autopsy? no  
 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 none  
 Nature of injury none  
 24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify           
 (Signed) Paul C Davis, M. D.  
 (Address) Moberly 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.

