MAY 31 1937

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

Do not use this space.

17498

File No.

Registered No. 71

1. PLACE OF DEATH

96 County St. Louis — Registration District No. 333

3 Township Ferguson Town — Primary Registration District No. 4468

4 City Bridgton (No. , St. Ward)

2. FULL NAME Alice James

(a) Residence, No. Bridgton, Mo. 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Negro	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Edward James

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 13, 1880

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
93	56	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

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): Bridgton Missouri

FATHER

13. NAME: George Wilson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER

15. MAIDEN NAME: Augusta Coleman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Greenville Mississippi

17. INFORMANT (ADDRESS): Ivory Wilson Bridgton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bridgton Cem DATE April 15 19 37

19. UNDERTAKER (ADDRESS): A. Russell Undertaking Co. 2732 Pine Street

20. FILED 4-14 1937 W. A. Zeitler Registrar
Ed L. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 10th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1937, to April 10th, 1937

I last saw h... alive on Jan 19th, 1937 Death is said to have occurred on the date stated above, at 10 P m.

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

	Date of onset
Chronic Valvular Disease of Heart	4-1-36

Other contributory causes of importance:

Goitre	4-1-36

Name of operation: Date of:

What test confirmed diagnosis? Clinic 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:

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify:

(Signed) H. G. Coleman, M. D.

(Address) Patton Hill 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.