

AUG 27 1937

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

Do not use this space.

28028

1. PLACE OF DEATH

County Peru  
Township Wardell  
City Wardell Mo (No.     )

Registration District No. 1099  
Primary Registration District No. 5868

File No.       
Registered No.       
St.      Ward     

2. FULL NAME

Code James (Col)

(a) Residence, No.      St.      Ward       
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 28 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)       
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF       
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25 35  
7. AGE YEARS 2 MONTHS      DAYS 28 If LESS than 1 day, hrs.      or min.     

DATE OF DEATH (MONTH, DAY, AND YEAR) July 23 37  
I HEREBY CERTIFY That I attended deceased from July 13 37 to July 17 37  
I last saw him alive on July 24 37 Death is said to have occurred on the date stated above, at 3:45 AM  
The principal cause of death and related causes of importance were as follows:  
Lie. Chole

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

Other contributory causes of importance:     

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark  
13. NAME Code James

Name of operation      Date of       
What test confirmed diagnosis?      Was there an autopsy?     

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark  
15. MAIDEN NAME Edla May Troup  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark

26. 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.     

17. INFORMANT (ADDRESS) Edla May James  
18. BURIAL, CREMATION OR REMOVAL PLACE St Paul Cem DATE July 24 37

Manner of injury       
Nature of injury     

19. UNDERTAKER (ADDRESS) Friends Wardell mo  
20. FILED 8-9 19 37 J. C. Creasy Registrar.

24. Was disease or injury in any way related to occupation of deceased?       
If so, specify       
(Signed) W. D. Lawrence M. D.  
(Address) Wardell 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.

