

OCT 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County Cedar
Township Box
City (No.)

Registration District No. 163
Primary Registration District No. 5228

File No. 33924
Registered No. 52
St. Ward

2. FULL NAME

James William Labor
(a) Residence, No. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 7-1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 4 1/2

OCCUPATION
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.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar Co. Mo.13. NAME Joseph Franklin Labor14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar Co. Mo.15. MAIDEN NAME Fannie May Williams16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butts Co. Mo.17. INFORMANT (ADDRESS) Joseph Franklin Labor
Edonado Spg. Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Blakely Cem. DATE 9-9-193719. UNDERTAKER (ADDRESS) J. F. Labor
Edonado Spg.20. FILED 9-8-1937 J. W. Dawson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 8, 193722. I HEREBY CERTIFY, That I attended deceased from 9-7, 1937, to 9-7, 1937.I last saw him alive on 9-7, 1937. Death is saidto have occurred on the date stated above, at 3:20 p.m.

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

PrematureOther contributory causes of importance: 159

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no23. 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.....(Signed) Ch. B. Sanderworth, D.P.(Address) Edonado Spg., 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.

