

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.

81
3
2
OCT 23 1937
 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County St. JamesRegistration District No. 678Township St. JamesPrimary Registration District No. 4404City St. James

(No.)

St.

Ward)

File No. 35003
Registered No.

2. FULL NAME

(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 17 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs. 1

mos.

ds.

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)

Lora James

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Nov. 2 - 1857

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

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)

Marion Co.

FATHER

13. NAME

Edward Marvin James

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

Penn

MOTHER

15. MAIDEN NAME

Lora Moreland

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Marion Co.

17. INFORMANT (ADDRESS)

William James St. James Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Rock Spring CemeteryDATE Oct 2 - 1937

19. UNDERTAKER (ADDRESS)

Jonds and New York St. James Mo

20. FILED

10 - 1 - 1937Mrs. W. H. Soule Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

9/30 - 1937

22. I HEREBY CERTIFY, That I attended deceased from

Sept 2 1937, to Sept 30 1937I last saw him alive on Sept 29 1937 Death is saidto have occurred on the date stated above, at 10 A. m.

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

Chronic Nephritis

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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?

If so, specify

(Signed) C. H. Lieberknecht, M. D.(Address) St. James Mo

