

REC'D MAR 14 1938

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

Do not use this space.

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township KawPrimary Registration District No. 1002City Kansas City(No. 2739 Benton Boulevard)File No. 5498Registered No. 564

St. _____ Ward _____

2. FULL NAME Salina P. James 52.0(a) Residence, No. 2739 Benton Boulevard 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Capt. Geo. E. James6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 31, 1846

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>91</u>	<u>1</u>	<u>1</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>At home</u>
	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) Missouri13. NAME McKnight14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record15. MAIDEN NAME Lucinda Brown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record17. INFORMANT C. C. James
(ADDRESS) 2739 Benton Boulevard, Kansas Cy.18. BURIAL, CREMATION, OR REMOVAL PLACE Chattanooga, Tenn. DATE Feb. 4, 193819. UNDERTAKER Stine & McClure
(ADDRESS) Kansas City, Missouri.20. FILED 273 19 38 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 1, 193822. I HEREBY CERTIFY, That I attended deceased from Jan. 23, 1938 to Feb. 1, 1938I last saw her alive on Feb. 1, 1938 Death is said to have occurred on the date stated above, at P. m. 10:15The principal cause of death and related causes of importance were as follows:
Robert pneumoniaDate of onset 1/23/38Other contributory causes of importance:
SenilityName 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 no

Nature of injury _____

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

If so, specify _____

(Signed) J. M. Calman, M. D.(Address) 3850 Broadway

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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