

MAR 17 1938

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

Do not use this space.

1. PLACE OF DEATH

County Jefferson  
Township Meramec  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 425  
Primary Registration District No. 5590

File No. 11 7157  
Registered No. 65  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Thomas W. James

(a) Residence, No. St. Joseph's Hill Infirmary, Eureka, Mo. 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<br><u>Male</u>   | 4. COLOR OR RACE<br><u>Negro</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____  |                                  |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7/3/1867</u>   |                                  |  |
| 7. AGE  | YEARS                            | MONTHS   |
|   | <u>70</u>                        | <u>7</u>   |
|   |                                  | <u>19</u>  |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>Man - servant</u> |                                  | 11. Total time (years) spent in this occupation <u>30</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) <u>1933</u>                                       |                                  |  |

|        |  |
|--------|--|
| FATHER | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Genevieve, Mo.</u> |
|        | 13. NAME <u>Christopher James</u>  |
| MOTHER | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Genevieve, Mo.</u> |
|        | 15. MAIDEN NAME <u>Adeline</u>   |
|        | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Genevieve, Mo.</u> |

17. INFORMANT St. Joseph's Hill Infirmary  
(ADDRESS) by Bro. Bonaventure

18. BURIAL, CREMATION, OR REMOVAL  
PLACE CALVERY CEM DATE Feb. 24 '38

19. UNDERTAKER C. W. Roberts  
(ADDRESS) St. Louis Mo.

20. FILED 1938 James A. Townsend  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 4, 1937, to Feb. 19, 1938

I last saw him alive on Feb. 19, 1938. Death is said to have occurred on the date stated above, at 6 a.m.

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

Lobar Pneumonia

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 Yes  
(Signed) Leslie J. Sargent, M. D.  
(Address) Eureka, 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.

