

055 APR 18 1938

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

Do not use this space.

L0341

1. PLACE OF DEATH
County Cape Girardeau Registration District No. 125
Township 11 Primary Registration District No. 3009
City St. Louis St. 11 Ward 11

2. FULL NAME Jefferson James
(a) Residence No. 219 Olive St St. 11 Ward 11
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 25 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 12 - 1862

7. AGE YEARS 75 MONTHS 6 DAYS 3 If LESS than 1 day,hrs. ormin.

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

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 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deerfield Mo

13. NAME Douglas Know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 9

15. MAIDEN NAME Miss Williams

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

17. INFORMANT Oliver James (ADDRESS) 219 Olive St, City

18. BURIAL, CREMATION, OR REMOVAL St. Louis PLACE St. Louis DATE 3/16 1938

19. UNDERTAKER Preverz, E. & Co (ADDRESS) Cape Girardeau

20. FILED 3-15-38 Registrar J. M. Thompson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/15 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-13 1938, to 3/15 1938.
I last saw him alive on March 14 1938. Death is said to have occurred on the date stated above, at 12 noon

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

Cerebral hemorrhage Date of onset 1933

Other contributory causes of importance:

Paralysis "presbycusis"
Diabetes Mellitus

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) Arthur J. ... M. D.
(Address) Cape Girardeau 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.

