

REC'D JUN 23 1938

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

19126

Do not use this space.

1. PLACE OF DEATH

(a) County Deming Registration District No. 651
(b) Township Little Prairie Primary Registration District No. 1862 Registered No. 51
(c) City (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Died unnamed, James 520
(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27, 1938
7. AGE YEARS MONTHS DAYS If LESS than 1 day, 8 hrs. or 8 min.
0 0 0 8
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. L
9. Industry or business in which work was done, as saw mill, bank, etc. L
10. Date deceased last worked at this occupation (month and year) L 11. Total time (years) spent in this occupation L

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27, 1938
22. I HEREBY CERTIFY, That I attended deceased from 1938, to 1938
I last saw him alive on 1938. Death is said to have occurred on the date stated above, at 10:30 P. a. m.
The principal cause of death and related causes of importance were as follows:
Stillborn Date of onset

Other contributory causes of importance:

undetermined

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? L
If so, specify Ada Martin, Registrar, M. D.
(Signed) Ada Martin, Registrar, M. D.
(Address) Laurensville, Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 6
13. NAME Mary James 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 1
15. MAIDEN NAME Willie James
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.
17. INFORMANT Frank Greenwood
(ADDRESS) Laurensville, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mounts Cemetery DATE May 29, 1938
19. FUNERAL DIRECTOR (NAME) Friends
(ADDRESS) Laurensville, Mo.
20. FILED May 28, 1938 Ada Martin
Local Registrar.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.