

SEP 21 1938

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

Do not use this space.

1. PLACE OF DEATH

35 County Dunklin  
Township Clarkton  
City Clarkton (No. 5403)

Registration District No. 2844168  
Primary Registration District No. 5403

File No. 28785  
Registered No. 16

2. FULL NAME

Charles Edgar James 52r

(a) Residence, No. 52r St. 52r Ward. 52r  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 68 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 Eula May Marshall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 24th 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
68 0 1

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

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) May 30 11. Total time (years) spent in this occupation 4

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

13. NAME Henry James

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

15. MAIDEN NAME Rebecca Waltrip

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

17. INFORMANT Harold James (ADDRESS) Clarkton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Shandfield DATE 8/26 1938

19. UNDERTAKER Wm. Russell (ADDRESS) Clarkton Mo.

20. FILED 8/26 1938 J. B. Stimmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/25 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-11 1938 to 8-25 1938

I last saw him alive on 8/25 1938 Death is said

to have occurred on the date stated above, at 10a m.

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

Acute Myocarditis Date of onset 8/1/38

Other contributory causes of importance:

Anemia Bright's disease 8/10/38 11/1/38

Name of operation Cholecystectomy Date of 8/10/38

What test confirmed diagnosis? Cholecystectomy Was there an autopsy? no

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? no

If so, specify —

(Signed) J. B. Stimmer M. D.

(Address) Clarkton 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.

