

RECD OCT 18 1938

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

31709
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 88
(b) Township..... Primary Registration District No. 1001 Registered No. 914
(c) City St. Joseph (d) Street No. 931 N. 7th 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 Ruhamah James 52A

(a) Residence, No. 931 N. 7th 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 30, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 0 2

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

9. Industry or business in which work was done, as 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) St. Joseph, (STATE OR COUNTRY) Missouri 0

FATHER 13. NAME Charles Brown 1

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Virginia 1

MOTHER 15. MAIDEN NAME Eliza Buuse

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Ky.

17. INFORMANT Bruce James (ADDRESS) 931 N. 7th

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Mora Cem. DATE 9/5/38

19. FUNERAL DIRECTOR Graves Funeral Home (ADDRESS) 806 S. 17th

20. FILED Sept 5 1938 A. J. Rattleburg Local Registrar. NS

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11 Mar 1938 to 2 Sept 38. I last saw her alive on 2 Sept 38. Death is said to have occurred on the date stated above, at 3:45 A.M.

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

Acute Cholera
febris

Date of onset
11
Mar
38

Other contributory causes of importance: 127

Name of operation None Date of None
What test confirmed diagnosis? Clinical 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 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) E. Y. Strawn, M. D.

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.

11
5
7

AUG 26 1946

STATEMENT BY LICENSED EMBALMER

I, John Roy Stawey, Licensed Embalmer No. 2435
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed John Roy Stawey
Licensed Embalmer No. 2435

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.)