

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

34664
 Do not use this space.

REC'D NOV 21 1938

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Law Primary Registration District No. 109 Registered No. 4000
 (c) City W.C. Mo. (d) Street No. General Hospital St. 42
 (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 James M. Pherson

(a) Residence, No. 1912 E. 19th St. 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 <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>—</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-5-1898</u>			
7. AGE	YEARS <u>40</u>	MONTHS <u>8</u>	DAYS <u>16</u>
If LESS than 1 day, hrs. or min.			
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Laborer</u>		
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>—</u>		
	10. Date deceased last worked at this occupation (month and year) <u>—</u>		
11. Total time (years) spent in this occupation <u>—</u>			12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
FATHER	13. NAME <u>James Chas. M. Pherson</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
MOTHER	15. MAIDEN NAME <u>—</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT (ADDRESS) <u>Record Clerk General Hosp</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Luke's Ridge, Pitt 75</u>			
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>1912 E. 19th St. W.C. Mo.</u>			
20. FILED <u>Oct 13, 1938 M. M. Foran</u> Local Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-27 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-17, 1938, to 9-21, 1938
 I last saw him alive on 9-21, 1938 Death is said to have occurred on the date stated above, at 2:45 P.M.
 The principal cause of death and related causes of importance were as follows:
Toxemia

Date of onset 1230

Other contributory causes of importance:
Rectal Ulcerations

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? 1
 If so, specify.....
 (Signed) J. J. Pherson, M. D.
 (Address).....

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY.

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.....

E. Sterling Bell

Licensed Embalmer No. *13178*

P. O. Address *1811 E. 12th*

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.