

NOV 15 1938

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

1. PLACE OF DEATH

 County Scottsbluff
 Township Thompson
 City Waverly (No. 210)

 Registration District No. 812
 Primary Registration District No. 606P

 File No. 36946
 Registered No. 1 (St. _____ Ward)

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Evan M. James
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 14-1866
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 71 9 23

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waverly Mo.13. NAME E. R. McCellan14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.15. MAIDEN NAME Lydia Adams16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.17. INFORMANT (ADDRESS) Albert James Waverly Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Black Oak DATE Oct 10 1938
19. UNDERTAKER (ADDRESS) Jettings used Waverly Mo.20. FILED 11/27 1938 M. Baker Md. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 7 1938
 22. I HEREBY CERTIFY, That I attended deceased from June 3 1936, to Oct 1 1938
I last saw him alive on Oct 1 1938 Death is saidto have occurred on the date stated above, at 10:15 P.M.

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

Complication of urinary tract infection Date of onset _____
meatier 57

Other contributory causes of importance:

noneName of operation exposure Date of Nov 25What test confirmed diagnosis? microscopic Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury none, 19____Where did injury occur? home

(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) A. E. Pletter, M. D.70 (Address) Waverly Mo.

