

REC'D JAN 16 1938

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

43297
Do not use this space.

1. PLACE OF DEATH *Jackson*

(a) County *Jackson* Registration District No. *398*

(b) Township *Independence* Primary Registration District No. *3019* Registered No. *336*

(c) City *Independence* Street No. _____ St.

(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 *CHRISTINA JAMES*

(a) Residence, No. *425 W. Mill St.* St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female*

4. COLOR OR RACE *Colored*

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *unknown*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<i>About 54</i>	<i>—</i>	<i>—</i>	<i>—</i>

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

9. Industry or business in which work was done, as saw mill, bank, etc. *Housewife*

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) *unknown Nebraska*

FATHER

13. NAME *John Blakey*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown Kentucky*

MOTHER

15. MAIDEN NAME *Clayton*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown Kentucky*

17. INFORMANT (ADDRESS) *William James 425 W. Mill St.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Woodlawn* DATE *Dec 7th 1938*

19. FUNERAL DIRECTOR (ADDRESS) *C. E. & Sons 312 E. Benton Independence*

20. FILED *12-12-38* *S. R. Cook* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 5th 1938*

22. I HEREBY CERTIFY That I attended deceased from *Nov 25 1938 to Dec 5 1938*

I last saw her alive on *Dec 1 1938* Death is said to have occurred on the date stated above, at *3:20 P.M.*

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

Chronic Myocardial Degeneration with acute dilatation

Other contributory causes of importance: *arteriosclerosis*

Name of operation _____ Date of _____

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 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) *F. H. Cook*, M. D.

(Address) *Independence*

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

I X12904

STATEMENT BY LICENSED EMBALMER

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

Signed.....

Licensed Embalmer No.....

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.)