

REC'D FEB 11 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1862
Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 128
 (b) Township " " Primary Registration District No. 3009 Registered No. 23
 (c) City " " (d) Street No. _____ (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 3 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 520 Ray James
Milledville, Mo St. Milledville, Mo.
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-4-1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
5 11 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child
 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) Milledville
(STATE OR COUNTRY) Mo.

FATHER 13. NAME Sam James

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

MOTHER 15. MAIDEN NAME Ellene Wise

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

17. INFORMANT (ADDRESS) Sam James
Milledville Mo

18. BURIAL, CREMATION OR REMOVAL PLACE Jackson Mo DATE 1/16/39

19. FUNERAL DIRECTOR (NAME) Seabough Fun. Home
(ADDRESS) Cape Girardeau Mo

20. FILED 1-14-39 J. M. Thompson
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14, 193922. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1939, to Jan 14, 1939

I last saw him alive on Jan 13, 1939. Death is said to have occurred on the date stated above, at 4:30 A.M.
 The principal cause of death and related causes of importance were as follows:

Lobar PneumoniaDate of onset
Jan 2Other contributory causes of importance:
none

Name of operation _____ Date of _____

What test confirmed diagnosis? X-ray 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. M. Thompson, M. D.(Address) Jackson Mo.

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,

was embalmed

....., or by

Registered Apprentice No. *3568*, working under my personal supervision.

Signed *W. H. Estes*

Licensed Embalmer No.

P. O. Address

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.