

REC'D APR 11 1939

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

Do not use this space.

1. PLACE OF DEATH

County Barton 2Township Osage 1City Liberals (No. 524)Registration District No. H1Primary Registration District No. 5262File No. 9951

Registered No. _____

St. _____ Ward) _____

2. FULL NAME Calvin Joel James

(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 30 yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>amaida James</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 23 - 1859</u>		
7. AGE YEARS <u>79</u>	MONTHS <u>5</u>	DAYS <u>5</u>
		If LESS than 1 day,hrs. ormin.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	11. Total time (years) spent in this occupation <u>life</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>own farm</u>	
	10. Date deceased last worked at this occupation (month and year) <u>1938</u>	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La Fayette Co. Missouri13. NAME George James14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Kentucky15. MAIDEN NAME unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown unknown17. INFORMANT Chas James
(ADDRESS) Liberals Mo. RR18. BURIAL, CREMATION, OR REMOVAL
PLACE Rest Park cemetery DATE Mar. 30th 193919. UNDERTAKER (ADDRESS) Smith Funeral Home
2121 S. Kansas20. FILED April 1st 1939 J. R. Bell
Registrar. 44

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 28 193922. I HEREBY CERTIFY, That I attended deceased from Mar. 27, 1939, to Mar. 28, 1939I last saw him alive on Mar. 27, 1939. Death is saidto have occurred on the date stated above, at 10 A.M.

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

Cerebral hemorrhage Date of onset _____Other contributory causes of importance: HTNSeptic with High Blood PressureName of operation None Date of _____What test confirmed diagnosis? Spinal Sugar there an autopsy? _____23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 19noWhere did injury occur? no (Specify city or town, county, and State) _____Specify whether injury occurred in industry, in home, or in public place. noManner of injury noneNature of injury none24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) F. R. Bell M. D.(Address) Liberals Mo.

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.

