

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.

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 BartonTownship OzarkCity Liberals(No. 1)Registration District No. 41Primary Registration District No. 5062File No. 9953

Registered No. _____

St. _____ Ward) _____

2. FULL NAME

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

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Calvin James</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 9th 1860</u>		
7. AGE YEARS <u>79</u>	MONTHS <u>1</u>	DAYS <u>26</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Own home</u>	
	10. Date deceased last worked at this occupation (month and year) <u>1936</u>	
11. Total time (years) spent in this occupation <u>life</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Warrensburg Mo.</u>		
MOTHER	13. NAME <u>John Claunch</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown Virginia</u>	
	15. MAIDEN NAME <u>Mary James</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown Virginia</u>	
	17. INFORMANT <u>Wm James</u> (ADDRESS) <u>Matheny R#2</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rosebank</u> DATE <u>Apr 6 1939</u>		
19. UNDERTAKER <u>Smith Funeral Home</u> (ADDRESS) <u>1111 Chestnut St</u>		
20. FILED <u>April 6th 1939</u> <u>J.R. Spell</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>April 5, 1939</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Mar 27, 1939</u> to <u>April 5, 1939</u> I last saw him alive on <u>April 4, 1939</u> . Death is said to have occurred on the date stated above, at <u>12:10 A.M.</u> The principal cause of death and related causes of importance were as follows: <u>Coronary Thrombosis</u> <u>Arteriosclerosis</u> <u>Paralysis of left leg</u> <u>Thigh blood pressure</u> <u>J. Smith</u> Other contributory causes of importance: <u>Paralysis of left leg</u> <u>Thigh blood pressure</u> <u>J. Smith</u> Name of operation _____ Date of _____ What test confirmed diagnosis? <u>diagonal</u> Was there an autopsy? <u>No</u>
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>No</u> Date of injury <u>No</u> , 19 <u>No</u> Where did injury occur? <u>No</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury <u>No</u> Nature of injury <u>No</u>
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____ (Signed) <u>J.R. Spell</u> , M. D. (Address) <u>Liberals Mo.</u>

