

REC'D APR 7 1939

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

10731

Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 297
(b) Township _____ Primary Registration District No. 3016
(c) City Washington, Mo. (d) Street No. 629 West 3rd St.
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred 64 yrs. 3 mos. 7 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 28

2. PRINT FULL NAME Bessie Alice James

(a) Residence, No. 629 West Third St., Washington, Mo. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Edward W. James
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 6th, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 3 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. Housework
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Washington
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Joseph L. Gregory
14. BIRTHPLACE (CITY OR TOWN) Not known
(STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME Mary N. Jefferies
16. BIRTHPLACE (CITY OR TOWN) Not known
(STATE OR COUNTRY) Virginia

17. INFORMANT Miss Helen James
(ADDRESS) 629 W. 3rd St., Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington, Mo. DATE March 15th, 1939

19. FUNERAL DIRECTOR (NAME) Otto & Co.,
(ADDRESS) Washington, Mo.

20. FILED Mar 14, 1939 H. A. May
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept., 1934, to March 13, 1939
I last saw him alive on March 11, 1939. Death is said to have occurred on the date stated above, at 5:20 A. m.

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

Chronic pulmonary Tuberculosis Date of onset Don't know
leisin

Other contributory causes of importance:

Influenza March 2-1939

Name of operation None 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 ✓, 1939
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 H. A. May, M. D.
(Signed) H. A. May

276 (Address) Washington, 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, _____

_____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. 2464

P. O. Address Washington, D.C.

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.