

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.

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

Do not use this space.

REC'D APR 18 1939

1. PLACE OF DEATH

County Person

Registration District No. 579

File No. 12630

Township Stotesbury

Primary Registration District No. 453

Registered No. _____

City Stotesbury (No. Stotesbury Mo.)

St. _____ Ward _____

2. FULL NAME Emmett Eugene James

(a) Residence, No. Stotesbury 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 13 - 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
✓ ✓ 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, 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) (STATE OR COUNTRY) Stotesbury Mo.

FATHER 13. NAME J. E. James

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

MOTHER 15. MAIDEN NAME Margie Gordon

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

17. INFORMANT (ADDRESS) J. E. James, Stotesbury Mo.

18. BURIAL, CREMATION, OR REMOVAL East Liberty DATE Jan 15 - 1939

19. UNDERTAKER (ADDRESS) Wm. A. K. ... Stotesbury Mo.

20. FILED Mar 9 1939 Morris A. Benson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15 - 1939

I HEREBY CERTIFY That I attended deceased from Jan 13 - 1939 to Jan 15 - 1939

I last saw him alive on Jan 15 - 1939. Death is said to have occurred on the date stated above, at 7:20 am.

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

Date of onset _____

Other contributory causes of importance:
Delayed therapy

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? _____

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? _____
If so, specify Yes
(Signed) Wm. H. O'Connell, M. D.
(Address) Stotesbury Mo.

77 (Address) _____

RECEIVED

District Health

Officer No. 71

District File Number

7-39-563

Date Filed

4-14-39