

REC'D MAY 10 1939

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

13855
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson Registration District No. 399
(b) Township Law Primary Registration District No. 1002 Registered No. 1609
(c) City Kansas City (d) Street No. 1522 Virginia, Basement St.
(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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Jim Taylor James
(a) Residence, No. 1522 Virginia, Basement St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15, 1854
7. AGE YEARS 84 MONTHS 8 DAYS 27 If LESS than 1 day,hrs. ormin.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
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) (STATE OR COUNTRY) Virginia

- FATHER 13. NAME Robert James

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ta.

- MOTHER 15. MAIDEN NAME Clara York

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ta.

17. INFORMANT (NAME) Deborah Thurston
(ADDRESS) 1522 Virginia

18. BURIAL, CREMATION, OR REMOVAL PLACE Lincoln DATE 4/17 1939

19. FUNERAL DIRECTOR (NAME) Hatkins Bros
(ADDRESS) 1729 Lydia

20. FILED Apr 17 1939 M.M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-12-39 1939

22. I HEREBY CERTIFY, That I attended deceased from 10:00 a.m. to 11:00 a.m., 1939.

I last saw him alive on 4-12-39 Death is said to have occurred on the date stated above, at 11:00 a.m.

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

Crown Shuntleup nephritis
Bronchopneumonia
131

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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? 1/
If so, specify _____

(Signed) Russell W. Jones, M. D.

(Address) Lincoln

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,

T. B. Watkins

....., or by

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

Signed *T. B. Watkins*

Licensed Embalmer No. *2889*

P. O. Address *1729 Lyden*

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.