

1830 JUN 19 1939

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

18920
Do not use this space.

1. PLACE OF DEATH
 (a) County JASPER Registration District No. 411
 (b) Township _____ Primary Registration District No. 2002
 (c) City JOPLIN (d) Street No. 118 N. SERGEANT 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. da.

2. PRINT FULL NAME GROVER, C. JAMES.
 (a) Residence, No. 118 N. Sergeant St. (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF WILL L. JAMES.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 12, 1884.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
<u>54</u>	<u>10</u>	<u>9</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ATTORNEY
 9. Industry or business in which work was done, as saw mill, bank, etc. AT LAW.
 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) ALMA - ARK.

FATHER
 13. NAME JOHN D. JAMES.
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CRAWFORD CO ARK.

MOTHER
 15. MAIDEN NAME MARY L. STEWARD.
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LANCASTER ARK.

17. INFORMANT (ADDRESS) MRS WILL L. JAMES. JOPLIN MO

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. HOPE. DATE 5/24 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) HURLBUT UND. CO JOPLIN - MO

20. FILED 5-23, 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-21-1939

22. I HEREBY CERTIFY, That I attended deceased from 3-16 39 to 5-21 39
 I last saw him alive on 5-21 10 39. Death is said to 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
Stomach - transverse colon
Primary bile colon
 Other contributory causes of importance: 46

Name of operation As to enter Date of 2-22-39
 What test confirmed diagnosis? aspl 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 _____, 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 _____
 (Signed) Ed James, M. D.
 (Address) Joplin, Mo.

Local Registrar.

(Licensed Embalmer's Statement on Reverse Side)

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 - A PERMANENT RECORD

RECEIVED

District Health Officer No. 6,

District File Number 6-6-39-1261

Date Filed JUN 9 1939

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.....

P. O. Address.....

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.