

1939 AUG 4 1939

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

Do not use this space.

26089

1. PLACE OF DEATH

County Lawrence Registration District No. 467
Township Aurora Primary Registration District No. 42804
City Aurora (No. Aurora Hospital) St. _____ Ward _____

File No. _____
Registered No. 48

2. FULL NAME

Susan Estella James

(a) Residence, No. Marionville, 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. ... min.
0 0 0 0 0 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Aurora, Missouri

MOTHER 13. NAME Roy S. James

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Billings, Mo.

MOTHER 15. MAIDEN NAME Amme Estella Templeton

FATHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence County, Missouri

17. INFORMANT Roy S. James
(ADDRESS) Marionville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Marionville DATE July 29, 1939

19. UNDERTAKER Oscar L. Marsh
(ADDRESS) Aurora

20. FILED 6-29-39 1939 R. O. Owen MD
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1939, to July 28, 1939.
I first saw her alive on _____, 19____. Death is said

to have occurred on the date stated above, at 11:45 p.m.

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

Stillbirth
Date of onset _____
Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) Wayne M. Weaver, M. D.
(Address) Marionville, Mo.

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.

