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

OCT 9 1939

32240
Do not use this space.

1. PLACE OF DEATH
(a) County Cooper (b) Township (c) City Boonville Mo
Registration District No. 218
Primary Registration District No. 3013
Registered No. 103
(d) Street No. St Joseph Hospital 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 5 yrs. 2 mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Arthur H James Jr.
(a) Residence, No. (Usual place of abode, if no street address, write county or city) St. Ashley, Penna. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	white	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6-1919

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	20	6	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. In School
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) Plymouth Penn.

FATHER
13. NAME Arthur H James Sr.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Plymouth Penna.

MOTHER
15. MAIDEN NAME Edna Morris.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Plymouth Penn.

17. INFORMANT (ADDRESS) Carl Earl Estes. Harrisburg Penn.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashley Penn. DATE Sept 20 '39

19. FUNERAL DIRECTOR (NAME) Goodnight & Boller (ADDRESS) Boonville Mo.

20. FILED 9/22, 19 39 D E Hooper Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-16-39, 19

22. I HEREBY CERTIFY, That I attended deceased from 9-12-39, 19, to 9-16-39, 19
I last saw h alive on 9-16-39, 19 Death is said to have occurred on the date stated above, at 12:20 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus Septicaemia	9-15-39
Anuria	9-15-39
Post operative Shock	9-15-39

Other contributory causes of importance: 21

Name of operation Appendectomy Date of 9-15-39
What test confirmed diagnosis? Blood Culture 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? No
If so, specify
(Signed) A. L. Linn Physician, M. D.
(Address) Boonville Mo.

(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.

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 J. H. Goodnow

Licensed Embalmer No. 1178

P. O. Address Boonville M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.