

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAY 13 1940

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

Do not use this space.

1. PLACE OF DEATH *S. E. Hospital*
County *Cape Girardeau* Registration District No. *1 South East Hospital* File No. *14515*
Township _____ Primary Registration District No. *25* Registered No. *149*
City *Cape Girardeau* (No. _____) St. _____ (Ward) _____

2. FULL NAME *John Louis James* 570
(a) Residence No. *Cape Girardeau, Mo.* St. _____ Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. *0* mos. *0* ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male*
4. COLOR OR RACE *White*
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 3-1874*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 *12.*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer*

9. Industry or business in which work was done, as milk 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) *Bollinger, O*

MOTHER 13. NAME *Adam James*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Bollinger County*
15. MAIDEN NAME *Polly Statler*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Bollinger County*

FATHER 17. INFORMANT *Mattie James, Wife*
(ADDRESS) *R. 2, Cape Girardeau, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Cape Girardeau, Mo.* DATE *April 17, 1940*

19. UNDERTAKER *Seabough Funeral Home*
(ADDRESS) *Cape Girardeau, Mo.*

20. FILED *4-15-40* 19*40* *Jim Thompson* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4-15-1940*

22. I HEREBY CERTIFY, That I attended deceased from *4/13, 1940* to *4/15, 1940*
I last saw him alive on *4/15, 1940* Death is said to have occurred on the date stated above, at *8 a. m.*
The principal cause of death and related causes of importance were as follows:
Myocardial Infarction Date of onset _____
Arterio Sclerosis
Other contributory causes of importance:
Arterio Sclerosis
Name of operation *Arteriosclerotic* Date of _____
What test confirmed diagnosis? *Heart biopsy* Date of *4/15/40*
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) *J. Seabough*, M. D.
(Address) *Cape Girardeau, Mo.*

Embroidered By. W. H. Ester, No. 3568