FILED AUG 19 1940

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

25144
Do not use this space.

1. PLACE OF DEATH
(a) County Gentry — Registration District No. 309
(b) Township — Primary Registration District No. 4185 — Registered No. 18
(c) City Albany — (d) Street No. ..... 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 570 William Robert James
(a) Residence, No. Albany, Mo. St.
(Usual place of abode, if no street address, write county or city) (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 Barbara Dye

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8, 1848

7. AGE: YEARS 92 — MONTHS 0 — DAYS 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired farmer
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) Gentry County (STATE OR COUNTRY) Missouri

FATHER
13. NAME William R. James
14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Tennessee

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. W. R. James
(ADDRESS) Albany, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hall DATE July 27, 1940

19. FUNERAL DIRECTOR Brooks Funeral Home
(ADDRESS) Albany, Mo.

20. FILED July 27, 1940 W. T. Martin *Local Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 15th, 1940, to July 25th, 1940
I last saw him alive on July 24th, 1940. Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Intersticial Nephritis	Unknown
121	
Other contributory causes of importance: Uraemic Poisoning	Unknown

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) W. S. Campbell, M. D.
281 (Address) Albany, 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

RECEIVED
District Health Officer No. 11,
District File Number 640-1302
Date Filed AUG 15 1940

STATEMENT BY LICENSED EMBALMER

I, Clifford Brooks, Licensed Embalmer No. 3329

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed Clifford Brooks

Licensed Embalmer No. 3329

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.)