

FILED MAY 12 1941 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

15063

1. PLACE OF DEATH

County Linn  
Township Jefferson  
City Laclede (No. 1)

Registration District No. 500  
Primary Registration District No. 4303

File No. 7  
Registered No. 3-8  
St. 8 Ward 0

2. FULL NAME Gertrude Williams James

(a) Residence, No. Laclede Ward. 0  
(Usual place of abode)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 3 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed 2

5A. IF ~~WIDOWED~~ WIDOWED, OR ~~WIDOWED~~ HUSBAND OF (OR) WIFE OF Pettis James

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10, 1875

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
65 11 7

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

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) Clarence Missouri

13. NAME John Wilson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Lucy Wilson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Mildred Lee  
(ADDRESS) Little Rock Ark.

18. BURIAL, CREMATION, OR REMOVAL PLACE Laclede, Mo. DATE Apr. 18, 1941

19. UNDERTAKER W. G. Thorne  
(ADDRESS) Laclede, Mo. L. No. 2876

20. FILED April 17, 1941 Mrs. Geo. O. Plourman  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17, 1941

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1941, to April 17, 1941

I last saw her alive on April 16, 1941. Death is said to have occurred on the date stated above, at 7:30 A.M.

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

Essential hypertension  
arteriosclerosis  
Cerebral embolism  
Date of onset 1934  
4/12/41

Other contributory causes of importance: 83 B

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? no  
If so, specify \_\_\_\_\_

(Signed) W. G. Thorne, M. D.  
Address Laclede, 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 impor

named  
The body on the reverse side of this page,

was embalmed by me, W.G. Thorne, Laclede, Mo.

*W.G. Thorne*  
Laclede, Mo.

License No. 2876