

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

Do not use this space.

**1. PLACE OF DEATH**

County Henry  
Township Clinton  
City Clinton (No. ....)

Registration District No. 347  
Primary Registration District No. 3018

File No. 28090  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

James H. Single  
(a) Residence No. South Carter 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 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 Lillian Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 26 - 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
76 10 29

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Printer  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Harsaw  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER John Single

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pennsylvania  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Dant Knowl

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ....."  
(STATE OR COUNTRY) ....."

14. INFORMANT Clara Single  
(Address) Clinton Mo

15. FILED 8/20 19 31 Ed C. Peelor  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 19 1931

17. I HEREBY CERTIFY, That I attended deceased from home from - 19... to ... 19...  
that I last saw him alive on August 19 1931, and that death occurred, on the date stated above, at 3:00 m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

cardio renal disease  
94A  
95B (duration) from yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Angina Pectoris  
(duration) ... yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at home  
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF ...  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical  
(Signed) J. W. ... M. D.  
19 (Address) Clinton, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Englewood DATE OF BURIAL 8-21 1931

20. UNDERTAKER Spare & Son ADDRESS Clinton Mo.

SEP 22 1931

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.

