

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

Do not use this space.

35265

1. PLACE OF DEATH

County Pemiscot
Township Virginia
City Dixon (No. _____)

Registration District No. 5872
Primary Registration District No. 655

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Margie James

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode) _____ (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>E. W. James</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12-20-1859</u>		
7. AGE	YEARS <u>71</u>	MONTHS <u>9</u>
	DAYS <u>23</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>	
	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 _____	

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-13-1931

22. I HEREBY CERTIFY, That I attended deceased from 9 Oct, 1931, to 9 Oct, 1931.
I last saw him alive on 9 Oct, 1931. Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:
Paralysis
Date of onset _____
820D
162
Other contributory causes of importance:
old age

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>
	13. NAME <u>Andy Tucker</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>
	15. MAIDEN NAME <u>unknown</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>
17. INFORMANT <u>J. T. James</u> (ADDRESS) <u>Brass City Ill</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Columbian Cem</u> DATE <u>10-14-1931</u>	
19. UNDERTAKER <u>William A. Smith & Co</u> (ADDRESS) <u>St. Louis Mo</u>	
20. FILED <u>11/1</u> 19 <u>31</u> <u>Max P. Kelly</u> Registrar.	

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. R. McSamil, M. D.
(Address) St. Louis 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 important.

