FEB 27 1934

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

Do not use this space.

786

1. PLACE OF DEATH
County Greene — Registration District No. 318
Township — Primary Registration District No. 2001
City Springfield (No. 522 W. Poplar St. Ward)
File No.
Registered No. 15

2. FULL NAME James James
(a) Residence. No. 626 W. Honey 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~~ Lizzie

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 13, 1851

7. AGE: Years 82 | Months 6 | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retd Stockman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): May Spring Tenn

PARENTS
10. NAME OF FATHER: Wm. James
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Tenn
12. MAIDEN NAME OF MOTHER: Tempie Owens
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ky

14. INFORMANT: Sam James (Bro)
(Address) Garfield Ark

15. FILED 1-8, 1934 Ralph W Langston REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 6 1934

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934, to Jan 6, 1934, that I last saw him alive on 1-6, 1934, and that death occurred, on the date stated above, at 12:40 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Acute Rheumatic fever and acute rheumatic pericarditis
(duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY) Senility
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) C. E. Feller, M.D.
1-6, 1934 (Address) Springfield 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: Brick Church cem
DATE OF BURIAL: 1-8-1934

20. UNDERTAKER: Alma Lohmeyer
ADDRESS: 534 St Louis St

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.