

NOV 23 1937

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

Do not use this space.

38666

1. PLACE OF DEATH
County H. Francois Registration District No. 771
Township Iron Primary Registration District No. 6017
City (No.) St. Ward)

2. FULL NAME No name James Tom
(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 25-1937

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, 1.0 hrs. or 2.0 min.

OCCUPATION

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

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) Nov 1937 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Iron Mountain Mo

MOTHER

13. NAME Prora Tomlinson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Black River Mo

15. MAIDEN NAME Viola Carl Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carthage Mo

17. INFORMANT Prora Tomlinson (ADDRESS) Iron Mountain Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Box Run Mo DATE Oct. 27 1937

19. UNDERTAKER J. H. Hill (ADDRESS) Blairwood Mo

20. FILED Oct 26 1937 J. H. Gale, M.D. Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-26-1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 25 1937 to Oct-26-1937
I last saw him alive on Oct 26-1937 Death is said to have occurred on the date stated above, at 9:15 A.M.
The principal cause of death and related causes of importance were as follows:
Don't know
Death

Other contributory causes of importance:

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 J. H. Gale
(Signed) Blairwood Mo M. D.
(Address) Blairwood Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

