

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

Do not use this space.

1. PLACE OF DEATH

County Barry
Township.....
City Monett (No.....)

Registration District No. 30
Primary Registration District No. 3003

File No. 9445
Registered No.
St. Ward)

2. FULL NAME Francis Asbury 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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr-26-1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 10 20

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER Francis Asbury James Jr.

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

12. MAIDEN NAME OF MOTHER Dorothy Know

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

14. INFORMANT Cleaveland James
(Address) These Rts. of Mo.

15. FILED 3-15-1929 W. M. West
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 15-1929

17. I HEREBY CERTIFY, That I attended deceased from March 9- 1929, to March 15, 1929 that I last saw h. not alive on March 15, 1929, and that death occurred, on the date stated above, at 11 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza
1918
1918

CONTRIBUTORY (SECONDARY) Chronic arteriosclerotic nephritis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 1240
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF NA

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) M. M. West M. D.
3/15, 1929 (Address) Monett 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 DATE OF BURIAL
Painters Cem Shell Knob 3-16-1929

20. URBERTAKER ADDRESS
Harmon Cassville

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.

23 1929

