

30 1928

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

Do not use this space.

11917

1. PLACE OF DEATH

County Shannon
Township Buckner
City.....

Registration District No. 8-4
Primary Registration District No. 6078

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

2. FULL NAME

Anna 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

A

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

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

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

Mar 8 - 1928

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(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)

Mo

10. NAME OF FATHER

Harlow James

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo

12. MAIDEN NAME OF MOTHER

Stella Muller

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo

14. INFORMANT

(Address)

Stella Muller
Theresa Mo

15. FILED

3-17-28

Frank J. DeMeo
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Mar 17 1928

17.

I HEREBY CERTIFY, That I attended deceased from Mar 8 1928, to Mar - 17 - 1928, that I last saw breath alive on Mar 8 1928, and that death occurred, on the date stated above, at 1 - 30 a.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Congenital syphilitic

1.57D

CONTRIBUTORY (SECONDARY)

159 @ 2

18. WHERE WAS DISEASE CONTRACTED

8 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) Frank J. DeMeo, M. D.

3-17-1928 (Address) Evans 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

James Buckley

3-18 1928

20. UNDERTAKER

ADDRESS

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.

