

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.

REC'D MAR 21 1938

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

Do not use this space.

1. PLACE OF DEATH
 County Monteau Registration District No. 076
 Township Narrison Primary Registration District No. 3773A
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Mable Pearl James 520
 (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.

File No. 7491
 Registered No. 37

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC 17, 1931

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hra. or _____ min.
	<u>6</u>	<u>2</u>	<u>14</u>	

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) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monteau Co Mo

FATHER

13. NAME Clarence Justice James

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monteau Co Mo

MOTHER

15. MAIDEN NAME Gladys Alice Collins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monteau Co Mo

17. INFORMANT Clarence James
 (ADDRESS) High Point Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE High Point Cem DATE 3/5 1938

19. UNDERTAKER Williams & Frisbrey
 (ADDRESS) California Mo

20. FILED 3/4 1938 Jawell R Phillips
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-3-1938

22. I HEREBY CERTIFY, That I attended deceased from 1-21- 1938, to 3-3- 1938
 I last saw him alive on 3-3- 1938 Death is said to have occurred on the date stated above, at 5:40 P m.
 The principal cause of death and related causes of importance were as follows:
Scarlet fever
followed by strep.
pos throat
 Other contributory causes of importance:
Inanition & Dehydration

Name of operation Trauma Date of _____
 What test confirmed diagnosis? Culture 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? NO
 If so, specify _____
 (Signed) H. R. Pober M. D.
California MD
 509 (Address)

Date of onset

