

Gentry County

Consolver, James Madison (5 Jun 1842-30 Jan 1939) Co D 4th MSM Cav. James was the son of William Consolver & Jane Saunders. He married Mary Ann Huggins & they had 9 children. He served in the Civil War from 1862- 3 April 1865. Buried Hugginsville Cemetery, Gentry Co MO.



DEFFB 9 1939

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

2261
Do not use this space.

1. PLACE OF DEATH
 (a) County Gentry 2 Registration District No. 310
 (b) Township Cochran Primary Registration District No. 3429A Registered No. 138
 (c) City Darlington (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Madison Consolver
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Jan. 30</u> 19 <u>39</u>	22. I HEREBY CERTIFY, (That I attended deceased from <u>November 17, 1938</u> , to <u>Jan. 30</u> , 19 <u>39</u> I last saw him alive on <u>Jan. 29</u> , 19 <u>39</u> . Death is said to have occurred on the date stated above, at <u>7:15 A. M.</u> The principal cause of death and related causes of importance were as follows: Date of onset <u>Bronchial Pneumonia</u> Other contributory causes of importance: <u>Fractured Hip</u> 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 _____ (Signed) <u>D. B. Blacklock</u> , M. D. ? (Address) <u>King City Mo</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Ann Huggins</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 5, 1842</u>					
7. AGE	YEARS <u>96</u>	MONTHS <u>7</u>	DAYS <u>25</u> If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, etc.	<u>Retired</u>				
9. Industry or business in which work was done, as 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) <u>Morgan County</u> <u>Ohio</u>					
13. NAME <u>William Consolver</u>					
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> <u>Virginia</u>					
15. MAIDEN NAME <u>Jane Saunders</u>					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> <u>Virginia</u>					
17. INFORMANT (ADDRESS) <u>Dan Coyner</u> <u>Darlington Mo.</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hugginsville</u> DATE <u>Feb. 1</u> 19 <u>39</u>					
19. FUNERAL DIRECTOR (ADDRESS) <u>Brooks Funeral Home</u> <u>Albany, Mo.</u>					
20. FILED <u>Jan 5</u> 19 <u>39</u> <u>Matthie Sevier</u> Local Registrar					

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

(Licensed Embalmer's Statement on Reverse Side)