

AUG 18 1927

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

Do not use this space.

23426

1. PLACE OF DEATH

County Vernon
Township.....
City Wacker (No....., St..... Ward)

Registration District No. 880
Primary Registration District No. 40.83

File No.....
Registered No. 13

2. FULL NAME

Pierce Jamison
(a) Residence. No..... St..... Ward.....
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. da.

(If nonresident give city or town and State)
How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Donch Know

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 19 1840

7. AGE YEARS MONTHS DAYS 87 | 0 | 8 If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Margantown
(STATE OR COUNTRY) Virginia

PARENTS

10. NAME OF FATHER John Jamison

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

12. MAIDEN NAME OF MOTHER Louisa Zwick

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

14. INFORMANT Ray Jamison
(Address) Phalsa, Okla.

15. FILED 7/25 19... C. B. Davis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 19 1927

17. I HEREBY CERTIFY, That I attended deceased from July 15 1927 to July 19 1927 that I last saw him alive on July 18 1927 and that death occurred on the date stated above, at.....

THE CAUSE OF DEATH* WAS AS FOLLOWS:
82 Cerebral Hemorrhage

7401 (duration) yrs. mos. 3 da.
CONTRIBUTORY (SECONDARY) Infirmities of Age - Don't know.

18. WHERE WAS DISEASE CONTRACTED at his home
IF NOT AT PLACE OF DEATH:.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam

(Signed) J. H. Fore M.D.
7/19, 1927 (Address) Nevada, 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 Newton Burial Park DATE OF BURIAL Jul 22 1927

20. UNDERTAKER Allen V. Wags ADDRESS Nevada, 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.

