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

Do not use this space.

27587

1. PLACE OF DEATH

County: Jasper — Registration District No. 407 — File No.

Township: — Primary Registration District No. 4241 — Registered No.

City: Carterville (No. ..... St. ..... Ward)

2. FULL NAME James E. Jimerson

(a) Residence. No. 210 B Elm 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: 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~~ Eva Jimerson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 18, 1874

7. AGE: Years 53 — Months 7 — Days 16 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Tarona
(STATE OR COUNTRY) Arkansas

PARENTS

10. NAME OF FATHER: John Jimerson
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Arkansas
12. MAIDEN NAME OF MOTHER: L. J. Cluck
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ark.

14. INFORMANT: Mrs Eva Jimerson
(Address) Carterville Mo

15. FILED 8-4, 1928 C L Gray
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 3 1928

17. I HEREBY CERTIFY, That I attended deceased from July 20, 1928, to Aug 2, 1928 (that I last saw him alive on ~~Aug 2 1928~~), 1928, and that death occurred, on the date stated above, at 4 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cirrhosis of liver
122 B1
(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Chronic Gastritis
(duration) 1 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) J. L. Craig, M.D.
8/3, 1928 (Address) Webb City, 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: Forest Park Cem — DATE OF BURIAL: 8/4 1928

20. UNDERTAKER: Webb City Und Co — ADDRESS: Webb City 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.

PERMANENT RECORD

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