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

Do not use this space.

m. 196

File No. 38

Registered No.

1. PLACE OF DEATH

County Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001

City St. Joseph, (No. 2601 Felix St. Ward)

11 5 9

2. FULL NAME Joseph T. Jamison,

(a) Residence. No. 2601 Felix St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 6, 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	76	5	2	

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer) General Merchant,

(c) Name of employer

171

9. BIRTHPLACE (CITY OR TOWN) Buchanan County,
(STATE OR COUNTRY) Missouri,

1

PARENTS

10. NAME OF FATHER Allen Jamison,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Shelbyville,
(STATE OR COUNTRY) Kentucky,

2

12. MAIDEN NAME OF MOTHER Jane Cline,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Shelbyville,
(STATE OR COUNTRY) Kentucky,

14. INFORMANT Mrs. J. T. Jamison
(Address) 2601 Felix Street,

15. FILED JAN 9 1930, 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jany. 8. 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1929, to Jan 8, 1930 that I last saw him alive on Jan 8, 1930, and that death occurred, on the date stated above, at 6:25 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary Thrombosis and Cardiac Infarction

936
948
97

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (SECONDARY) Arterio Scleroses and Myo Cardiles (duration) 5 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? Signs & Symptoms

(Signed) Clarence A Good, M. D.

Jan 9, 1930 (Address) St Joseph 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
Mount Auburn Cemetery	Jan. 10 1930
20. UNDERTAKER	ADDRESS
Heaton Belsole & Bowman	319 S. 10 St.

Funeral Home

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.