MAY 27 1930

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

Do not use this space.

13262

1. PLACE OF DEATH
County: Livingston — Registration District No. 1076
Township: Grand River — Primary Registration District No. 5681
City: ..... (No. ..... St. ..... Ward)

File No. .....
Registered No. 8

2. FULL NAME: Isaac Jamison
(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 29 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): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF ~~(or) WIFE OF~~: Zenith Jamison

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 14-1867

7. AGE: Years 62 — Months 7 — Days 10 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

PARENTS
10. NAME OF FATHER: Andrew Jamison
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Indiana
12. MAIDEN NAME OF MOTHER: Simpson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Indiana

14. INFORMANT: Fred. DeLowrhey
(Address): R. 1. Chillicothe Mo

15. FILED: Apr. 26, 1930 — Mrs. Geo. Cox, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 24 1930

17. I HEREBY CERTIFY, That I attended deceased from Jany 22, 1930, to April 24, 1930 that I last saw him alive on April 23, 1930, and that death occurred, on the date stated above, at 3:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Chronic Mitral Regurgitation of Heart
131
99 A (duration) yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY): Chron Interstitial Nephritis
(duration) over yrs. 4 mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? At Place of Death
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) W. A. Snope, M. D
4/25, 1930 (Address) Wheeling 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: Monroe Cemetery — DATE OF BURIAL: Apr 25 1930

20. UNDERTAKER: Frank L. Smiley — ADDRESS: Wheeling Mo

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.