NOV 3 1930

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

Do not use this space. Dr Hornback

31920

File No.

Registered No. 210

1. PLACE OF DEATH

County

Township

City

Registration District No. 875

Primary Registration District No. 3039

(No. St. Ward)

2. FULL NAME William Norman Jameson

(a) Residence. No. 320 E Vernon 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: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Allie Jameson

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 7 - 1854

7. AGE: Years 75 | Months 10 | Days 8 | 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):

(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New Albany Indiana

PARENTS

10. NAME OF FATHER: John Jameson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Dk Kentucky

12. MAIDEN NAME OF MOTHER: Mary Cornelison

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Dk Kentucky

14. INFORMANT: Mrs. A. L. Howard
(Address) 927 N. Oak, Nevada, Mo.

15. FILED 10/8/1930 E. R. King REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept. 15. 1930

17. I HEREBY CERTIFY, That I attended deceased from May 3, 1929, to ....., 19.....
that I last saw him alive on 9-15-30, 19....., and that death occurred, on the date stated above, at 6:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Brights disease and Diabetis Mellitus

Do not know how long

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 57

(duration) ..... 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?

(Signed) J. T. Hornback, M. D

9/15, 1930 (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: Jewell Cemetery

DATE OF BURIAL: Sept 17 1930

20. UNDERTAKER: Ferry Funeral Home

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.