

38358 a

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

File No. 38358-a  
Registered No. 10  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH  
County Washington Registration District No. 580-  
Township Belleme Primary Registration District No. 6177  
City \_\_\_\_\_ (No. \_\_\_\_\_)

2. FULL NAME Charles Philip Jamboden  
(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 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 Widower

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 29-1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
66 8 28 29

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

9. BIRTHPLACE (CITY OR TOWN) Caledonia  
(STATE OR COUNTRY) Mo

10. NAME OF FATHER D. S. Jamboden

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Caledonia  
(STATE OR COUNTRY) Washington Co. Mo.

12. MAIDEN NAME OF MOTHER Melina Taylor

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

14. INFORMANT W. D. Jamboden  
(Address) Caledonia, Mo.

15. FILED 5-22, 1931 Mrs. J. M. Knox  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 28 1930

17. I HEREBY CERTIFY, That I attended deceased from no physician, 1930, to \_\_\_\_\_, 1930, that I last saw him alive on never, 1930, and that death occurred, on the date stated above, at 8:30 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Acute Indigestion.

11/28  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) Jos. L. Thurman, M. D. Coroner

11-30, 1930 (Address) Potosi, 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 Bismarck Mo DATE OF BURIAL 11-30 1930

20. UNDERTAKER Herman White & Son ADDRESS Stouton

WRITE PLAINLY, WITH UN-EMPHATICALLY. N. B.—Every item of information should be carefully supplied. AGE should be stated. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important.

JUN 29 1931

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