

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

Do not use this space.

4351

1. PLACE OF DEATH

County Vernon
Township Washington
City Washington (No. 4)

Registration District No. 875
Primary Registration District No. 616.2

File No. _____
Registered No. 28
St. _____ Ward _____

2. FULL NAME

Mr Clyde Jamison

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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 _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) DR. 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 31

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer 1 1/31
(b) General nature of industry, business, or establishment in which employed (or employer) 84
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo 1

10. NAME OF FATHER E H Jamison

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) mo

12. MAIDEN NAME OF MOTHER Sarah Blockwell

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

14. INFORMANT State Hosp Record (Address) Neada mo

15. FILED 2-2 19. 31 E. R. King REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jun 27 1931

17. I HEREBY CERTIFY, That I attended deceased from May 15 1930 to Jan 27 1931 that I last saw him alive on Jan 27 1931, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis (duration) 8 yrs. 8 mos. ds.

CONTRIBUTORY Arteriosclerosis (SECONDARY) (duration) 51 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH unknown

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical + lab
(Signed) E X Coan M. D.

1-27 1931 (Address) Neada 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 State Hospital No. 3 DATE OF BURIAL Jan 28 1931

20. UNDERTAKER Neely ADDRESS Neada

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.

FEB 22 1931

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