

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

Do not fill this space.

6198-~~1~~¹
 File No.
 Registered No. 1
 St. Ward)

1. PLACE OF DEATH
 57 County Lincoln Registration District No. + 95
 Township Waverly Primary Registration District No. 5-659
 City (No. St. Ward)

2. FULL NAME R. A. Jamieson
 (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. (If nonresident, give city or town and State)

JUN 27 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*writes the word*) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sadie Jamieson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 8th 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 6 28

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

9. BIRTHPLACE (CITY OR TOWN) Lincoln Co. Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER Abram Jamieson

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

12. MAIDEN NAME OF MOTHER Margaret Williams

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Dont know Washington Co.

14. INFORMANT M. Smith Morris
 (Address) Bowling Green Mo.

15. FILED May 19 31
15th J. S. Motley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/6/31

17. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1931, to Feb 6, 1931 that I last saw h. alive on Feb 6, 1931, and that death occurred, on the date stated above, at 12:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocardial Insufficiency
Causing Hypertensive Complications
930 (duration) yrs. mos. ds. 1

CONTRIBUTORY (SECONDARY) 930 (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF no

WAS THERE AN AUTOPSY? (3)

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) J. M. Mather, D.M.
 19 (Address) Ashly 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 Louisville Cemetery DATE OF BURIAL 2-6-1931

20. UNDERTAKER Grace Banfield ADDRESS Bowling Green 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.

