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

Do not use this space.

22031

1. PLACE OF DEATH
County Linn
Township Hanover
City Meadville
Registration District No. 503
Primary Registration District No. 4306
File No.
Registered No. 44
(No. ..... St. ..... Ward)

2. FULL NAME Wegber Jamerson
(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 M.
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Infant
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 26 1931
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ..... min.
2 2
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Meadville
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Harrison Jamerson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) E. Brine
(STATE OR COUNTRY) Polk Co Mo
12. MAIDEN NAME OF MOTHER Dolly Robinson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) [illegible]
(STATE OR COUNTRY) Mo

14. INFORMANT Mrs. Robinson
(Address)
15. FILED 6-2, 1931 E J Weir
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 2 1931
17. I HEREBY CERTIFY, That I attended deceased from 3-21- 1931, to 6-2, 1931 that I last saw him alive on 6-1, 1931, and that death occurred, on the date stated above, at 8-30 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Toxic Jaundice
125B
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 161B
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) E J Weir, M. D
6-2, 1931 (Address) Meadville

*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 Meadville
DATE OF BURIAL June 3 1931
20. UNDERTAKER Smiley Bros
ADDRESS Meadville Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS [illegible] CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 25 1931