

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.

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

Do not use this space.

736

De Callaway

1. PLACE OF DEATH

39 County *Greene*

Registration District No. *318*

File No. *12*

3 Township

Primary Registration District No. *234*

Registered No. *12*

5 City

Springfield Mo. 1316 E. Mill

St. _____ Ward _____

2. FULL NAME

Benjamin Campbell Jameison

(a) Residence. No. *1316 E. Mill* St. _____ Ward _____

(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)

married

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

Mary Jane Jameison

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

March 2 - 1860

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

71

9

28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Rail Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Whitaker Co.,

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

Milton E. Jameison

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

12. MAIDEN NAME OF MOTHER

Mary Jane Vance

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

14.

INFORMANT

(Address)

Mrs. Mary Jane Jameison

1316 E. Mill

15.

FILED

1-6, 1932

For Mark

REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

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

Jan. 5 - 1932

17.

I HEREBY CERTIFY, That I attended deceased from *Jan 3*, 1932, to *Jan 5*, 1932, that I last saw him alive on *Jan 4*, 1932, and that death occurred, on the date stated above, at *6:25 A. M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hemiplegia - Apoplexy -

82 A. 82 D. (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *Ray Callaway* M. D.

, 19 (Address) *Springfield Ma*

*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

DATE OF BURIAL

Marshallfield, Mo. Jan. 7 1932

20. UNDERTAKER

ADDRESS

Alma Samuels 534 St. Louis

12
12
12