

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

Do not use this space.

26060
47

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

1. PLACE OF DEATH

County Cass Registration District No. 660
Township Centerville Primary Registration District No. 4396
City Cassville (No. _____) St. _____ Ward _____

2. FULL NAME

Clement Rosetta Jamnick
(a) Residence. No. Cassville Mo. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 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 Rose Mc. Atee

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 17, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
71 1 27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired business man.
(b) General nature of industry, business, or establishment in which employed (or employer) Saloon keeper
(c) Name of employer _____

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

10. NAME OF FATHER Clement Jamnick

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

12. MAIDEN NAME OF MOTHER Cecilia Moore

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cass Co. Mo.
(STATE OR COUNTRY)

14. INFORMANT R. R. Jamnick
(Address) Cassville Mo.

15. FILED 8/16/32 Geo. J. Miller
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 12 1932

17. I HEREBY CERTIFY, That I attended deceased from July 24 1932, to Aug 12 1932, and that I last saw him alive on Aug 12 1932, and that death occurred, on the date stated above, at 8:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Parenchymatous Nephritis
about (duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Pulmonary edema & anemia (duration) yrs. 1 mos. 8 ds.

18. WHERE WAS DISEASE CONTRACTED 131 (3)
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Physiologic Clinical Laboratory
(Signed) E. J. Gahan, D.O., M.D.
, 19 (Address) Cassville 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 into Hope Cemetery DATE OF BURIAL Aug. 16 1932
Cassville Mo.

20. UNDERTAKER Bay and Co. Cassville Mo. ADDRESS _____

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. SEP 26 1932

