

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

Do not use this space.

33084

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

1. PLACE OF DEATH
 76 County Osage Registration District No. 1130

81 Township High Primary Registration District No. 5853a
 City Bannots Mill Mo.

2. FULL NAME Jamison, Frank
 (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 W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) _____
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
61 8 7

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) Osage Co
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER Joseph Jamison

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

12. MAIDEN NAME OF MOTHER Arheus Francis

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

14. INFORMANT H. Jamison
 (Address) Bannots Mill Mo

15. 10-19-32 File No. _____ 19 _____
O. H. Peters REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from _____, 1932 to Oct 16, 1932 that I last saw him alive on Oct 16, 1932, and that death occurred, on the date stated above, at 3 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
69 Diabetes Mellitus
 (duration) 4 yrs. 1 mos. 30 ds.

CONTRIBUTORY (SECONDARY) Cardiomegaly and Septic Poisoning
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: 59 0

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) E. Meads, M. D.
Bannots Mill Mo., 19 _____ (Address)

*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 Bannots Mill Cem. DATE OF BURIAL 10-18 1932

20. UNDERTAKER Phil Lock ADDRESS Bannots Mill, Mo.

N. B.—Every item of information 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.

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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Waye Registration District No. 1135- File No. _____
 Township Union Primary Registration District No. 0833 Registered No. 3
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Sampson - Frank
 (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 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>8</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 9 1871</u>		
7. AGE YEARS <u>61</u>	MONTHS <u>8</u>	DAYS <u>7</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farmer</u>	
	10. Date deceased last worked at this occupation (month and year) <u>1928</u>	
		11. Total time (years) spent in this occupation. <u>50</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sumner Mill, Mo.</u>		
FATHER	13. NAME <u>Jos Sampson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Frances Adams</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Alsmany</u>	
17. INFORMANT (ADDRESS) <u>F. Sampson</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bonny's Mill</u> DATE <u>Oct. 17 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Philip Lock</u>		
20. FILED <u>Oct 17 1932</u> <u>At Peter</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 16 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 to Oct 16, 1932
 I last saw him alive on Oct 16, 1932. Death is said to have occurred on the date stated above, at 3 P. M.
 The principal cause of death and related causes of importance were as follows:
Diabetes Mellitus Date of onset _____
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19 _____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in Industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) E. L. Meads, M. D.
 (Address) Bonny's Mill Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.
 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.

3.3.2014