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.

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

Do not use this space.

41018

1. PLACE OF DEATH
380 County Pettis — Registration District No. 668 — File No.
4 Township — Primary Registration District No. 3032 — Registered No. 321
28 City Sedalia (No. 1006, E 16th St. Ward)

2. FULL NAME Emma Francis Jamison

(a) Residence, No. 1006 E 13 St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: C M Jamison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 5 1854

7. AGE: YEARS 78 — MONTHS 10 — DAYS 27 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Warsaw Mo 1

FATHER
13. NAME: Joshua Phillips
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky 2

MOTHER
15. MAIDEN NAME: F Bowles
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

17. INFORMANT (ADDRESS): Mrs Ella Hammond Sedalia

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Crown Hill DATE: 12/5/32 19

19. UNDERTAKER (ADDRESS): Gillespie Fun. Home Sedalia

20. FILED: 12-5 1932 J. G. Love Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1932, to Dec 2, 1932
I last saw her alive on Dec 2, 1932. Death is said to have occurred on the date stated above, at 8:50 p m.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis — Date of onset: Dec / Nov / Ky

131 / 131
930

Other contributory causes of importance:
Chronic interstitial nephritis

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? No
If so, specify: none
(Signed) [signature], M. D.
(Address) Sedalia Mo.