

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

Do not use this space.

1. PLACE OF DEATH

County Shelby
Township Black Wood
City Shelbyville (No.)

Registration District No. 831

Primary Registration District No. 4504

File No. 8192

Registered No.

St. Ward

2. FULL NAME

Joseph Louis Jameson

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Ed Jameson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 15 1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
59 | 8 | 11

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Pike Co. Mo.

10. NAME OF FATHER

W. B. Davis

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Pike Co. Mo.

12. MAIDEN NAME OF MOTHER

Nancy M. Staley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Pike Co. Mo.

14.

INFORMANT Ed Jameson
(Address) Shelbyville, Mo.

15.

FILED Feb 28 1933 Emmett A. Fowler
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 26 - 1933

17. I HEREBY CERTIFY That I attended deceased from Feb. 20, 1933 to Feb. 26, 1933 that I last saw her alive on Feb. 26, 1933 and that death occurred, on the date stated above, at 7:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchopneumonia
10 1/2 (duration) yrs. mos. 7 da.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? Yes DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Chemical analysis

(Signed) [Signature] M.D.

, 19 (Address) Shelbyville, 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

DATE OF BURIAL

Concord Cemetery in Pike Co. Mo.

Feb 28 1933

20. UNDERTAKER

ADDRESS

J. W. Thompson

Shelbyville, Mo.

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.

MAR 31 1933

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