

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

Do not use this space.

26018 <sup>A</sup>

1. PLACE OF DEATH  
 28 County Crawford Registration District No. 231  
 3 Township \_\_\_\_\_ Primary Registration District No. H141  
 3 City Steelville Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mary E Jamison  
 (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 Female 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 Marshall E. Jamison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 29 1885

7. AGE YEARS 77 MONTHS 8 DAYS \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Salem MO

FATHER

13. NAME George N Cook

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

MOTHER

15. MAIDEN NAME \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT William Humphrey (ADDRESS) Steelville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Steelville cemetery DATE Aug 31 1933

19. UNDERTAKER (ADDRESS) R. J. ... Steelville MO

20. FILED 10-31-33 Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 29 1933

22. I HEREBY CERTIFY, That I attended deceased from May 3 1933, to Aug. 29 1933  
 I last saw h. ex. alive on Aug 29 1933 Death is said to have occurred on the date stated above, at 8:30 P.M.  
 The principal cause of death and related causes of importance were as follows:

Date of onset \_\_\_\_\_

uterine Carcinoma 9 mth

40  
1390

Other contributory causes of importance: Hemorrhage Aug 29 1933

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? physical Was there an autopsy? no.

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 \_\_\_\_\_  
 (Signed) Frank O. Anderson M. D.  
 (Address) Steelville, Mo.

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.

NOV 10 1933

JUN 11 1947