mc Pherson

NOV 16 1934

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

Do not use this space.

35338

File No.

Registered No. 227

**1. PLACE OF DEATH**

County Butler — Registration District No. 89

Township — Primary Registration District No. 3007

City Poplar Bluff (No. ~~Hospital~~, Lucy Lee Hospital St. 2 Ward)

**2. FULL NAME** Maxine Jamison

(a) Residence, No. 8 miles west of Poplar Bluff Ward Mo.
(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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| female | white | married |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22, 1916

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| 18 | 3 | 29 | |

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) Piedmont Missouri

FATHER

13. NAME Joe Kiser

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Piedmont Missouri

MOTHER

15. MAIDEN NAME Octa Ivy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Piedmont Missouri

17. INFORMANT (ADDRESS) Elmo Jamison Poplar Bluff, Missouri

18. BURIAL, ~~CREMATION, OR REMOVAL~~

PLACE Bay Springs cemetery DATE Oct. 23, 1934

19. UNDERTAKER (ADDRESS) Greer Undertaking Co. Poplar Bluff, Mo.

20. FILED 10-22-1934 W. S. Bailey Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-14, 1934, to 10-21-, 1934

I last saw her alive on 10-21-, 1934 Death is said to have occurred on the date stated above, at 1:20 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal obstruction | |

Other contributory causes of importance:

Unknown.

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) J. W. McPherson, M. D.

(Address) Poplar Bluff, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD