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 13 1934

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

Do not use this space.

399

35964

1. PLACE OF DEATH
County Jackson
Township
City Kansas City Mo (No. , St Joseph's Hospital St. Ward)
Registration District No. 1002
Primary Registration District No.
File No.
Registered No. 8205

2. FULL NAME Harley Albert Jameson
(a) Residence, No. 2902 Harrison St. K.C. Mo Ward.
(Usual place of abode)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
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) January 27-1872
7. AGE YEARS 62 MONTHS 8 DAYS 5 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) Galesburg Illinois

FATHER
13. NAME Samuel W. Jameson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Mary Jane Turney
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Janesville Ohio

17. INFORMANT (ADDRESS) J. N. Mitchell Topeka Kansas
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Hope DATE Oct 4 1934
19. UNDERTAKER (ADDRESS) Jos A Butler & Son KCK
20. FILED Oct 5 1934 M. M. Crowe Asst Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 2 1934
22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to 10-2, 1934
I last saw him alive on 10-2, 1934. Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
936 Po
10 0
930
Date of onset
Other contributory causes of importance:
Chronic Bronchoectesis (Dilated Bronchial Tubes)
Name of operation none Date of
What test confirmed diagnosis? — Was there an autopsy? yes
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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 None
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Milton B. Casebolt, M. D.
(Address) 120 Rialto Bldg K.C. Mo.