

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

Do not use this space.

DEC 17 1934

39771

1. PLACE OF DEATH
County Jasper Registration District No. 411
Township Jasper Primary Registration District No. 2002
City Jasper (No. _____ St. _____ Ward _____)

2. FULL NAME Geo E. Jamison
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) 1401 Ohio (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 Male 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 Rosie Jamison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 17, 1864

7. AGE YEARS 70 MONTHS 9 DAYS 27 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Garb Co.

10. Date deceased last worked at this occupation (month and year) July 1933 11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Detroit Mich.

13. NAME Geo Jamison

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

15. MAIDEN NAME Jessie Hall

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan

17. INFORMANT Rosie Jamison
(ADDRESS) Jasper Mo

18. BURIAL, CREMATION OR REMOVAL PLACE Forest Burial DATE 11-16-34

19. UNDERTAKER Smith & Muel Co
(ADDRESS) Jasper Mo

20. FILED 11-16-34

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 13 34

22. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1932, to Nov 13, 1934
I last saw him alive on Nov 13, 1934 Death is said to have occurred on the date stated above, at 7-35 P.M.
The principal cause of death and related causes of importance were as follows:
Acute Myocarditis
Chronic Traiph
Pulmonary tuberculosis

Name of operation _____ Date of _____
What test confirmed diagnosis? Chromal 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?
If so, specify _____
(Signed) M. J. Loveland, M. D.
(Address) Joplin, 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.

