

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.

MISSOURI STATE BOARD OF HEALTH

Do not use this space.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

JAN 24 1935

ISOLATION HOSPITAL

1. PLACE OF DEATH

County.....  
Township.....  
City, Saint Louis (No. ....)

Registration District No. ....  
Primary Registration District No. 310083

File No. 44855  
11985  
Registered No. ....  
St. .... Ward)

2. FULL NAME

(a) Residence, No. Leroy Jamison St. 25 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 Male 4. COLOR OR RACE Black 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) Sept 8, 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hra. or .....min.  
6 3 9

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

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) Westpoint Miss

13. NAME Willie Allen Jamison

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Westpoint Miss

15. MAIDEN NAME Ara Burns

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Westpoint Miss

17. INFORMANT (ADDRESS) McReilly 5600 Arsenal

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE Dec 21st 1934

19. UNDERTAKER (ADDRESS) A. L. Best and Co 2726 Fyass ave

20. FILED: C 19 11:19 J. Bredbeck Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 17, 1934

I HEREBY CERTIFY, That I attended deceased from Dec 7 1934, to Dec 17, 1934

I last saw him alive on Dec 17, 1934. Death is said to have occurred on the date stated above, at 12:35 a.m.

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

Bronchopneumonia Date of onset 12-4  
Primary  
10  
10777  
J. O.

Other contributory causes of importance:

Diphtheria

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No (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 John A. Schenbener

(Signed) John A. Schenbener, M. D.

(Address) .....

