

FEB 10 1936

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

Do not use this space.

1744

1. PLACE OF DEATH

County Jackson Registration District No. 411
Township St. Jackson Primary Registration District No. 2002
City Joplin (No. St. Johns Hosp.) St. _____ Ward _____

2. FULL NAME

John William Jamison
(a) Residence No. 706 Porter St. _____ Ward _____
(Usual place of abode)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred 27 yrs. 6 mos. 4 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18 1864

7. AGE YEARS 71 MONTHS 8 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Jan 10th 1936 11. Total time (years) spent in this occupation 90

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Village Ky

13. NAME Harry Clay Jamison

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

15. MAIDEN NAME Bland

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

17. INFORMANT Mrs J M Jamison (ADDRESS) Joplin Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Carl Junction DATE Jan 13 1936

19. UNDERTAKER (ADDRESS) Panther Mortuary

20. FILED 1-17-36 Ed D James Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 10th 1936

22. I HEREBY CERTIFY That I attended deceased from Jan 10 1936 to Jan 13 1936. I last saw him/her on Jan 10 1936. Death is said to have occurred on the date stated above, at 4:20 p.m.

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

Cerebral hemorrhage
multifocal cerebral
fracture of skull

Other contributory causes of importance _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 1-10-36, 1936

Where did injury occur? near Newey, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury falling of stairs
Nature of injury fracture of skull

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____
(Signed) W. J. Cooper, M. D.
(Address) Carl Junction

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.

