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

Do not use this space.

JUL 14 1936

791

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1. PLACE OF DEATH

County St. Louis — Registration District No. 1008 — File No. 6469

Township — Primary Registration District No. — Registered No.

City St. Louis, Mo. (No. Missouri Pacific Hospital 1755 S. St. Grand Ave Ward)

2. FULL NAME Mrs. Sina Jamison

(a) Residence, No. 2880 Nattins Street Memphis, Tenn. Ward Memphis, Tenn (If nonresident, give city or town and State)
(Usual place of abode)

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: Female
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, [redacted] (OR) WIFE OF J. E. Jamison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22, 1891

7. AGE: YEARS 45. MONTHS 1 DAYS 3 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife
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) Canton Mississippi

FATHER

13. NAME Gabe Bolden
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canton Mississippi

MOTHER

15. MAIDEN NAME ?
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

17. INFORMANT J. E. Jamison (ADDRESS) 2880 Nattins Street

18. [redacted] REMOVAL PLACE Memphis, Tenn. DATE 6/26 1936

19. UNDERTAKER E. L. Garner (ADDRESS) 2829 Washington Ave.

20. FILED JUN 25 1936 J. F. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1946 ....., 19....., to ....., 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 6:05 P. m.

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

Traumatic Rupture of Small Intestines, General Peritonitis, Rupture of Liver, received in a collision between a passenger train in which the deceased was riding and a freight train at Valley Park, Mo. No auto involved. Whether criminal or accidental could not be ascertained.

Date of onset

Other contributory causes of importance:

Name of operation ..... 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? Open Verdict Date of injury 6/23 1936

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

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

Manner of injury Collision between two trains

Nature of injury Rupture of Small Intestines

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [signature], M.D.

(Address) Deputy Coroner

6/25/36

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.

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