

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

Do not use this space. ✓

1659

File No. _____
Registered No. 430
St. _____ Ward _____

1. PLACE OF DEATH
County Jackson Registration District No. 395
Township Bay Primary Registration District No. 1002
City Padgett No. 2455 Phase 2
2. FULL NAME Rosa Lee Jamerson
(a) Residence, No. 2455 Phase St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Fe 4. COLOR OR RACE Col 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) Jan 1 - 1937
7. AGE YEARS _____ MONTHS _____ DAYS 121 If LESS than 1 day, _____ hrs. or _____ min.
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. 26
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 1
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
13. NAME John Jamerson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark
15. MAIDEN NAME Mattie Brown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
17. INFORMANT John Jamerson (ADDRESS) 2455 Phase
18. BURIAL, CREMATION, OR REMOVAL PLACE Gravesite 26 DATE 1-26, 1937
19. UNDERTAKER Warren Camp - Jones (ADDRESS) 1119 6th St Bay
20. FILED Jan 26 1937 M. M. Kerode Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/27/37, 1937
22. I Agently CERTIFY That I attended deceased from _____, 19_____. I last saw him alive on _____, 19_____. 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:
Bronchopneumonia
Date of onset _____
Other contributory causes of importance: 10 yrs
Name of operation _____ Date _____
What test confirmed diagnosis _____ Was there an autopsy _____
23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide. _____ Date of injury _____, 19_____. Where did injury occur? _____ (Specify city and 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) [Signature], M. D. (Address) [Signature]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

10/20

1. The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that proper record-keeping is essential for the integrity of the financial system and for the ability to detect and prevent fraud.

2. The second part of the document outlines the specific requirements for record-keeping, including the need to maintain original documents and to ensure that all records are properly indexed and filed. It also discusses the importance of regular audits and the need to keep records for a sufficient period of time.

3. The third part of the document discusses the consequences of failing to comply with these requirements, including the potential for fines and penalties. It also discusses the importance of training staff on proper record-keeping procedures and the need to establish a strong culture of compliance.

4. The fourth part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that proper record-keeping is essential for the integrity of the financial system and for the ability to detect and prevent fraud.

5. The fifth part of the document outlines the specific requirements for record-keeping, including the need to maintain original documents and to ensure that all records are properly indexed and filed. It also discusses the importance of regular audits and the need to keep records for a sufficient period of time.

6. The sixth part of the document discusses the consequences of failing to comply with these requirements, including the potential for fines and penalties. It also discusses the importance of training staff on proper record-keeping procedures and the need to establish a strong culture of compliance.

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1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
 Township Kansas City Primary Registration District No. 1002 Registered No. 450
 City 2455 Base St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2455 Base St. _____ 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 F 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED 2 (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
- - 21

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

FATHER
 13. NAME

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

MOTHER
 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19__

19. UNDERTAKER (ADDRESS)

20. FILED Jan 26 37 Dr. Dr. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27 1937

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

I last saw h. _____ alive on _____, 19____. 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:

Broncho pneumonia Date of onset _____
(Primary)

Other contributory causes of importance: 1070

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) C. J. Letch, Deplor, M. D.

(Address) Kansas City, Mo

S-1659

RECEIVED
MAY 10 1964