

FEB 18 1937

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

Do not use this space.

2287

1. PLACE OF DEATH
 67 County Mississippi Registration District No. 566
 Township Ohio Primary Registration District No. 27-6 File No. _____
 City Wyatt (No. 2) Registered No. 8 St. _____ Ward _____

2. FULL NAME Jamie Jarmon
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 2 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 6:30 P.M.

3. SEX ♂ 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 5, 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
36 0 15

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2.35

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) Denton Tex.

13. NAME Repta Craig

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

15. MAIDEN NAME Siemie Hill

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

17. INFORMANT M. C. Craig Wyatt Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Val Grove DATE Jan 23 37

19. UNDERTAKER Frank Lee Funeral Service (ADDRESS) Charleston Mo

20. FILED 121 1937 F. S. Vernon Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 20 1 1937

22. I HEREBY CERTIFY That I attended deceased from Jan 20 1 1937 and did not have a physician due to the fact they could not get into an account of road water condense. Death is said to have occurred on the date stated above. The principal cause of death and related causes of importance were as follows:
Flue & Lobar Pneumonia Date of onset _____

Other contributory causes of importance: _____

Name of operation Family History 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? no
 If so, specify _____
 (Signed) Frank L. Vernon M. D.
 (Address) Charleston 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.

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