

OCT 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County Waverne Registration District No. 880
Township _____ Primary Registration District No. 45-33
City Walker (No. _____) St. _____ Ward _____

File No. 35571Registered No. 16

2. FULL NAME

Lavera Jamison
(a) Residence, No. _____ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF P. L. Jamison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27-1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
93 1 16

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

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) W. Va.13. NAME Jesse Holland14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va.15. MAIDEN NAME Sarah Gulliff16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va.17. INFORMANT (ADDRESS) Emmett Jamison Walker Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Newton Park DATE Sept 15 193719. UNDERTAKER (ADDRESS) Hays Funeral Home Nevada Mo20. FILED 9/14 1937 C. B. Davis Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 13 193722. I HEREBY CERTIFY, That I attended deceased from Sept 5 1937 to Sept 13 1937I last saw him alive on Sept 13 1937. Death is saidto have occurred on the date stated above, at 2:00 p. m.

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

Acute Dysentery Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Culture Was there an autopsy? NO

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) C. B. Davis, M. D.(Address) Walker Mo

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.

