

REC'D JUL 17 1938

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

Do not use this space.

1. PLACE OF DEATH

County Lafayette
 Township Lexington
 City _____ (No. _____, _____ St. _____ Ward _____)

Registration District No. 461
 Primary Registration District No. 3625

File No. 22256
 Registered No. 42

2. FULL NAME Frances Cheatham Jamison525

(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 Fe 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 16, 1859

7. AGE YEARS 79 MONTHS 3 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.

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

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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington, Mo.

FATHER 13. NAME John E. Cheatham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charlottesville, Va.

MOTHER 15. MAIDEN NAME Malinda B. Waddell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maysville, Ky.

17. INFORMANT Miss Grace Jamison
 (ADDRESS) Lexington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lexington, Mo. DATE June 13, 1938

19. UNDERTAKER Winkler,
 (ADDRESS) Lexington, Mo.

20. FILED June 13, 1938 Jays B. Bates
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1937, to June 11, 1938.
 I last saw him alive on July 1, 1938. Death is said to have occurred on the date stated above, at 5:45a.m.

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

Acute exacerbation of Chronic degenerative myocardial (See accompanying)

Date of onset

Other contributory causes of importance: 930

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) J. H. Taylor, M. D.

(Address) Lexington, Mo.

