

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. _____
Registered No. 27

1. PLACE OF DEATH
County Muhlenberg
Vot. Pct. Cantonside
Inc. Town _____
City _____ (No. _____ St. _____ Ward _____)

Registration District No. 1093
Primary Registration District No. 6830

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Ollie Jameson

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the word) married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

21. DATE OF DEATH April 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6:55, 1936 to April 4, 1936

I last saw him alive on April 4, 1936, death is said to have occurred on the date stated above, at 4 P. M. The principal cause of death and related causes of importance in order of onset were as follows:

6. DATE OF BIRTH 1874
7. AGE Years 60 Months _____ Days _____ If LESS than 1 day..... hrs. or..... min.

Valvular disease of heart aggravated by Furose
cholesterol Gas.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Contributory causes of importance not related to principal cause:
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

12. BIRTHPLACE Muhlenberg

FATHER 13. NAME John Jameson

14. BIRTHPLACE Muhlenberg

MOTHER 15. MAIDEN NAME Mary Richardson

16. BIRTHPLACE Muhlenberg

17. INFORMANT George Lile
(Address) Cantonside Ky.

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.

18. BURIAL, CREMATION, OR REMOVAL
Place Liberty R. Co. Date 4-5, 1936

Manner of injury _____
Nature of injury _____

19. UNDERTAKER Mrs. B. McDonald & Co.

(Address) Cantonside Ky.

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

20. FILED 4-6, 1936 R. P. Coulter
Registrar

(Signed) Harry T. Deady, M. D.
(Address) Cantonside Ky.

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.