

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

Do not use this space.

1. PLACE OF DEATH

County Wheeler
Township Wheeler
City Union Star (No. _____)

Registration District No. 4161
Primary Registration District No. 267

File No. 4214
Registered No. _____
St. _____ Ward _____

2. FULL NAME Andrew Jackson

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 22 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

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15, 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
79 5 5

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. Retired farmer

10. Date deceased last worked at this occupation (month and year) 1912 11. Total time (years) spent in this occupation. 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

13. NAME Samuel Jackson

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) S. G. Jackson, Union Star, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Star DATE 2/22 1932

19. UNDERTAKER (ADDRESS) W. W. W. City

20. FILED 4/21 1932 E. M. Reynolds Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 20 1932

22. I HEREBY CERTIFY That I attended deceased from Feb. 16 1932 to Feb. 20 1932
I last saw him alive on Feb. 20 1932. Death is said to have occurred on the date stated above, at 10:45 P. M.
The principal cause of death and related causes of importance were as follows:

Chronic interstitial nephritis
131
131
Other contributory causes of importance:
Carbuncle on face (left maxilla)
(3)

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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) Julien E. Rockwood, M.D.
(Address) Union Star, 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.

MAR 22 1932

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