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

PLACE OF DEATH

County: Knox Co

Township: Jeddo
or
Village:
or
City: (NO. St.: Ward)

Registration District No. 444 File No. 14001

Primary Registration District No. 5604 Registered No. 7

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

FULL NAME Luella Jackson

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

COLOR OR RACE: Negro

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): married

DATE OF BIRTH: Sept (Month) 14 (Day), 1860 (Year)

AGE: 52 yrs. 7 mos. 1 ds. If LESS than 1 day, hrs. or min.?

OCCUPATION
(a) Trade, profession, or particular kind of work: Housekeeping
(b) General nature of industry, business, or establishment in which employed (or employer): General Housework

BIRTHPLACE (City or town, State or foreign country): Randolph Co. Mo

PARENTS
NAME OF FATHER: Benj Braxton
BIRTHPLACE OF FATHER (City or town, State or foreign country): Ky.
MAIDEN NAME OF MOTHER: not know
BIRTHPLACE OF MOTHER (City or town, State or foreign country): Ky.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. J. Jackson

(ADDRESS) Knox City Mo

Filed Apr 16, 1912 J R Northcutt REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 15 (Day), 1912 (Year)

I HEREBY CERTIFY, that I attended deceased from Feb 12, 1912, to April 15, 1912, that I last saw her alive on April 15, 1912, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

(Chr) Nephritis

(Duration) yrs. 2 mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Urial McReynolds M. D.

April 16, 1912 (Address) Knox City Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL: Macon Co

DATE OF BURIAL: Apr 18 1912

UNDERTAKER: Wm Seeger

ADDRESS: Knox City Mo.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework,* or *At home,* and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum,* etc., *Carcinoma, Sar-*

coma, etc., of ..... (name orig
less definite; avoid use of "Tumor"
neoplasms); *Measles; Whooping cough*
lar heart disease; Chronic interstitial ne
contributory (secondary or intercurren
not be stated unless important. Exampl
ease causing death), *29 ds.; Broncho*
ondary), *10 ds.* Never report mere s
minal conditions, such as "Asthen
(merely symptomatic), "Atrophy," "C
"Convulsions," "Debility" ("Congenital,
"Dropsy," "Exhaustion," "Heart fail
rhage," "Inanition," "Marasmus," "Old
"Uraemia," "Weakness," etc., when a
can be ascertained as the cause. Al
diseases resulting from childbirth or
"PUERPERAL *septichaemia,*" "PUERPERAL
State cause for which surgi al operat
taken. For VIOLENT DEATHS state MEAN
qualify as ACCIDENTAL, SUICIDAL, or H
probably such, if impossible to deter
Examples: *Accidental drowning; Str*
train—accident; Revolver wound of
Poisoned by carbolic acid—probably su
ture of the injury, as fracture of sk
quences (e. g., *sepsis, tetanus*) may be
head of "Contributory." (Recommend
ment of cause of death approved by
Nomenclature of the American Medic

HUGH STEPHENS, JEFFERSON CITY.

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of Death

y U. S. Census and Am
Association]

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SING DEATH (the pri
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