

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

Do not use this space.

18768

1. PLACE OF DEATH

County Lawrence
Township Price
City Price

Registration District No. 471
Primary Registration District No. 5634

File No. 6
Registered No. 299
St. _____ Ward _____

2. FULL NAME

Mrs Joseph Jackson
(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Wolfsberger Dietrich

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 25-1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 2 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Teacher
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Lawrence - Co. Mo

PARENTS

10. NAME OF FATHER

Miles Jackson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Sweden

12. MAIDEN NAME OF MOTHER

Josephine Anderson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Sweden

14.

INFORMANT Miles Jackson
(Address) Price City Mo.

15.

FILED 7/6 1927 H. R. Clark
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2
16. DATE OF DEATH (MONTH, DAY AND YEAR) June 9 1927
17. I HEREBY CERTIFY, That I attended deceased from March 2, 1927, to June 9, 1927, that I last saw him alive on May 21, 1927, and that death occurred, on the date stated above, at 11 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial Nephritis
131 324 29 W
(duration) 203 yrs. mos. da.

CONTRIBUTORY Uremic Convulsions
(SECONDARY)
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical Signs & Lab. findings
(Signed) H. Ross Clark, M. D.
, 19 (Address) Price City Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Price City Mo. Calvary Cemetery

DATE OF BURIAL

June 11 1927

20. UNDERTAKER

Wm. Russell J.

ADDRESS

Price City 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JUL 27 1927

1875

1876

1877

1878