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

Do not use this space.

37296

File No. .....

Registered No. 168

1. PLACE OF DEATH

County Jasper

Township Webb City

City Webb City (No. ..... St. ..... Ward)

Registration District No. 417

Primary Registration District No. 5561 Q

JAN 18 1928

2. FULL NAME Jesse Jackson

(a) Residence. No. ~~North Madison~~ County Tuberculosis Hospital 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.

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.

THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec-2-1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
24	0	26	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John Jackson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Dela Nichols

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) McDonald B.
(STATE OR COUNTRY) Mo.

14. INFORMANT Mrs. Dela Jackson
(Address) North Madison

15. FILED 12-29-1927 R. M. Stormont
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 28 1927

17. I HEREBY CERTIFY, That I attended deceased from December 21, 1927, to December 28, 1927, that I last saw ~~him~~ alive on December 28, 1927, and that death occurred, on the date stated above, at 9:45 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic pulmonary tuberculosis

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY)

(duration) ..... yrs. ..... mos. ..... ds.

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 examination

(Signed) Harry Hedgecock, M. D.

Dec 28, 1927 (Address) West 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 Carterville — DATE OF BURIAL 12/29/1927

20. UNDERTAKER Steel Und Co. — ADDRESS Webb City Mo.