

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

Do not use this space.

2090

1. PLACE OF DEATH

County Pettis Registration District No. 668 File No. _____
 Township _____ Primary Registration District No. 3032 Registered No. 84
 City Sedalia (No. _____) St. _____ (Ward) _____

2. FULL NAME

Jones Jackson
 (a) Residence No. 1608 1/2 Higgins 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

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) don't know

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 don't know don't know

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Black smith
 (b) General nature of industry, business, or establishment in which employed (or employer) Blacksmith shop
 (c) Name of employer Sale Dick

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know

10. NAME OF FATHER Don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT (Address) Leon Wright
E. Pettis St

15. FILED 1-31, 1928 J. J. Lova REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-31 19 28
 17. I HEREBY CERTIFY That I attended deceased from 1-23 19 28, to 1-31 19 28, that I last saw him alive on 1-30 19 28, and that death occurred, on the date stated above, at 11:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
arterio-incompetency
arteriosclerosis
 (duration) 1 yrs. 4 mos. 2 ds.
 CONTRIBUTORY (SECONDARY) arteriosclerosis
 (duration) 1 yrs. 4 mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

19. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
 (Signed) W. E. Berry, M. D.
 , 19 (Address) Sedalia 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 DATE OF BURIAL
Sedalia Mo. 2-2 19 28

20. UNDERTAKER ADDRESS
F. D. Ferguson Sedalia 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.

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