

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.

JUN 1

1928

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

Do not use this space.

9707

1. PLACE OF DEATH

County Livingston
 Township Chillicothe
 City Chillicothe (No.) St. Ward

Registration District No. 505
 Primary Registration District No. 3026

File No.
 Registered No. 99

2. FULL NAME Nina May Jackson

(a) Residence No. St. Ward

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 20 1880

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	47	8	9	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work House Wife
 (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) Ind

10. NAME OF FATHER Joseph McNally

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

12. MAIDEN NAME OF FATHER Don't Know

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

14. INFORMANT J. H. Jackson
 (Address) Chillicothe MO

15. FILED 3-30-28 Reuben Barron
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3 - 29 1928

17. I HEREBY CERTIFY That I attended deceased from Mar 25, 1928, to Mar 29, 1928, that I last saw her alive on Mar 29, 1928, and that death occurred, on the date stated above, at 5-45 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
 (duration) yrs. mos. 4 ds.
 CONTRIBUTORY (SECONDARY) 18/10
 (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 exam
 (Signed) E. C. Collier, M. D.
Mar 30, 1928 (Address) Chillicothe 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 Hutchison Cem DATE OF BURIAL 3 31 1928

20. UNDERTAKER F B Norman Chillicothe

