MAY 29 1928

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

Do not use this space.

12393

1. PLACE OF DEATH
County Buchanan — Registration District No. 83 — File No.
Township — Primary Registration District No. 1001 — Registered No. 509
City St Joseph Mo (No. ..., ... St. ..... Ward)

2. FULL NAME Gladys Jackson
(a) Residence. No. 1319 N 15 St 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: F
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 26 1906

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
21	11	25	

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

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

PARENTS
10. NAME OF FATHER Charlie Bibbins
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Joseph
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Francis Mosley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Brunswick Co.

14. INFORMANT Mrs Francis Bibbins
(Address) 1319 N 15 St

15. FILED APR 24 1928, 19..... John G. Wt. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4 – 21 1928

17. I HEREBY CERTIFY, That I attended deceased from 21 April, 1928, to 21 April, 1928, that I last saw her alive on 21 April, 1928, and that death occurred, on the date stated above, at 3:25 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Av Giva Rectores
GYH
89 (duration) ..... yrs. ..... mos. 6 hrs ds.

CONTRIBUTORY (SECONDARY) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? — DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) E. Thorn, M. D
24 Apr 1928 (Address) 1908 Messouri

*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: Ashland Cem — DATE OF BURIAL: 4-24 1928

20. UNDERTAKER: B. F. Graves — ADDRESS: 1309 N 4

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.