1928

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

Do not use this space.

16377

1. PLACE OF DEATH
County: Calloway
Registration District No.: 104
Primary Registration District No.: 3008
File No.:
Registered No.: 101
Township:
City: Fulton (No. , St. Ward)

2. FULL NAME: Isaac Jackson

(a) Residence. No. 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: male
4. COLOR OR RACE: negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): not given

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: not given

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

7. AGE: Years 61; Months; Days; If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): not given
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER: not given
11. BIRTHPLACE OF FATHER (CITY OR TOWN): not given
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: not given
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): not given
(STATE OR COUNTRY)

14. INFORMANT: Hospital records
(Address)

15. Filed May 14, 1928 R. N. Crews
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 14 1928

17. I HEREBY CERTIFY, That I attended deceased from May, 1928, to May 14, 1928, that I last saw him alive on May 14, 1928, and that death occurred, on the date stated above, at 11 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Syphilis
(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?
(Signed) C. R. Pinley, M. D
5-14, 1928 (Address) Fulton 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: Fayette Mo — DATE OF BURIAL: 5/14 1928
20. UNDERTAKER: Guy T. Hagan — ADDRESS: Fayette 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.