

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.

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

Do not use this space.

17204

1. PLACE OF DEATH

County Jackson  
Township Kaw  
City K.C. Mo. (No. 1527)

Registration District No. 399  
Primary Registration District No. 1002

File No. 76  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Emma Jackson  
(a) Residence. No. 1527 Lydia ave St. 7 Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. ~~SINGLE~~ MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. ~~IF MARRIED~~ WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF Frank Jackson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 11-1865

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>63</u>	<u>3</u>	<u>5</u>		

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) Howard Co  
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Thomas Adams

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know  
(STATE OR COUNTRY) no

12. MAIDEN NAME OF MOTHER Sallie Diggs

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Va

14. INFORMANT Paul Givens  
(Address) 216 W. Allen St. Columbia Mo

15. FILED 5/17 28 M. M. Brown REGISTRAR  
Asar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-16-1928

17. I HEREBY CERTIFY, That I attended deceased from 3-13-1928, to 5-16-1928 that I last saw her alive on 5-15-1928, and that death occurred, on the date stated above, at 5:30 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cancer of the Stomach  
Myocarditis, Chrv  
Don't know  
CONTRIBUTORY (SECONDARY) \_\_\_\_\_

18. WHERE WAS DISEASE CONTRACTED 44A  
 IF NOT AT PLACE OF DEATH. \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH. \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_  
WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
(Signed) P. M. Perkins, M. D.  
5717, 1928 (Address) 3827 East 9

\*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 Columbia Mo DATE OF BURIAL 5-20-28

20. UNDERTAKER Flynn - Greenstreet ADDRESS KC, Mo

Dr Perkins

22  
9485

The total of  
the sample is 1.29.