AN 21 1929

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

Do not use this space.

39490

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1. PLACE OF DEATH

County Buchanan. Registration District No. 1001 File No.

Township Primary Registration District No. Registered No. 1406

City St. Joseph (No. Mo. Methodist Hospital St. Ward)

2. FULL NAME Emma Jackson

(a) Residence. No. 228 Iowa 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: Female
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 Carl E Jackson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 5, 1905

7. AGE: Years 23, Months 4, Days 8; If LESS than 1 day, hrs. or min.

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) St. Joseph
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Gus Williqams
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Indiana
12. MAIDEN NAME OF MOTHER Nancy Mason
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Missouri

14. INFORMANT Carl E Jackson
(Address) 228 Iowa St.

15. FILED DEC 13 1928, 19 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 13 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1928, to Dec 12, 1928, that I last saw her alive on Dec. 12, 1928, and that death occurred, on the date stated above, at 1-45 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Gastro Intestinal Paresis Following Operation for Salpingitis Gonorrhoea
(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) Gonorrhoea
(duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Dec 8-28
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Operation

(Signed) Jacob Geiger, M. D
Dec. 13, 1928 (Address) St Joseph 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: Mount Mora Cemetery
DATE OF BURIAL: Dec. 15 1928

20. UNDERTAKER: H. O. Sidenfaden
ADDRESS: 1802 Union St.

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, WITH UNFADING INK—THIS IS A PERMANENT RECORD