

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.

1. PLACE OF DEATH

County Jackson
 Township Law
 City James City (No. 1002)

Registration District No. 399Primary Registration District No. 1002File No. 1Registered No. 1St. Mo.

2. FULL NAME

(a) Residence. No. 914 Bell St. 1 Ward. 1
 (Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. 0 mos. 0 da. How long in U.S., if of foreign birth? 0 yrs. 0 mos. 0 da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

Col.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

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

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

Jan 13 1865

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1
 day, 0 hrs.
 or 0 min.

651124

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

Lab.

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Plano Co Mo

10. NAME OF FATHER

Albert Jackson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ky

12. MAIDEN NAME OF MOTHER

Pauline

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ky

14.

INFORMANT
(Address)Chas. Pitzer
920 Bell St

15.

FILED

1-21-29 M. M. GOWE
Registrar

3

MEDICAL CERTIFICATE OF DEATH

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

Jan 7 1929

17.

I HEREBY CERTIFY, That I attended deceased from Jan 2, 1929 (to Jan 7, 1929)
 that I last saw him alive on Jan 2, 1929, and that death occurred, on the date stated above, at 10:20 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiac Deletation12am1:30(duration) 0 yrs. 0 mos. 0 da.

CONTRIBUTORY (SECONDARY)

Chronic MyocarditisChronic Nephritis (duration) 1 yrs. 0 mos. 0 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF 01/07/29WAS THERE AN AUTOPSY? YesWHAT TEST CONFIRMED DIAGNOSIS? Physiologic Lab. Autopsy(Signed) W. H. Smith, M. D.1/8, 1929 (Address) Genl Hosp # 2

*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

DATE OF BURIAL

Lead Cemetery 1-22 1929

20. UNDERTAKER

ADDRESS

West. Apples & Sons 1600 E. 19th

