FEB 23 1929

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

Do not use this space.

7809

1. PLACE OF DEATH
County: St Francois
Township: Randolph
City: Cantwell
Registration District No. 779
Primary Registration District No. 6024a
File No.
Registered No.
(No. ..... St. ..... Ward)

2. FULL NAME: Thomas M 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: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 14 - 1860

7. AGE: Years 69 | Months | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

PARENTS
10. NAME OF FATHER: G. W. Jackson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky
12. MAIDEN NAME OF MOTHER: Rebecka Ford
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

14. INFORMANT: Mrs. T. M. Jackson
(Address): Cantwell Mo.

15. FILED: 2-5-1929 R B Lister, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb. 2, 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1929, to Feby 2, 1929, that I last saw him alive on Feby 2, 1929, and that death occurred, on the date stated above, at 11:25 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
82A
118
74A1
(duration) yrs. mos. 3 mos.

CONTRIBUTORY (SECONDARY): Influenza
(duration) yrs. 1 mos. X 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) Edw. C. Rohrbach, M.D.
2/4, 1929 (Address) Flat River 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: Salem Cemetery
DATE OF BURIAL: Feb. 5, 19

20. UNDERTAKER: C. Z. Boyer
ADDRESS: Desloge 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.

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