APR 24 1929

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

Do not use this space.

9756

1. PLACE OF DEATH
County Butler — Registration District No. 89 — File No. 9756
Township — Primary Registration District No. 3007 — Registered No. 74
City Poplar Bluff (No. ..... St. ..... Ward)

2. FULL NAME Walter Jackson.
(a) Residence. No. 212 S. E. 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: M.
4. COLOR OR RACE: Col.
5. ~~Single, Married~~, Widowed or ~~Divorced~~ (write the word): Wid.

5A. If Married, Widowed, or Divorced HUSBAND OF (OR) WIFE OF: Ada Jackson.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr. 26, 1875

7. AGE: 53 Years — Months: 9 — Days: 4 — If LESS than 1 day, ... hrs. or ..... min.

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

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9. BIRTHPLACE (CITY OR TOWN): New Madrid.
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Frank Jackson
11. BIRTHPLACE OF FATHER (CITY OR TOWN): New Madrid
(STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Mary Yegens
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Kentucky

14. INFORMANT: Bessie Checks
(Address): Poplar Bluff Mo

15. FILED 4/2, 1929 Dr B J Clay
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3-30 1929

17. I HEREBY CERTIFY, That I attended deceased from one visit only 3/28, 1929 that I last saw h..... alive on ....., 19..., and that death occurred, on the date stated above, at 2.15 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Pulmonary Tuberculosis
23A
11A
107A (duration) ..... yrs. ..... mos. ..... ds.

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CONTRIBUTORY (SECONDARY): Flux & Broncho Pneumonia
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED: Home
IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? no DATE OF ✓
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Waits.

(Signed) W. F. S. Taylor, M. D.
4/6, 1929 (Address) Poplar Bluff 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: City.
DATE OF BURIAL: 4-2 1929

20. UNDERTAKER: Frank Und. Co. Poplar Bluff
ADDRESS

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.