

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

Do not use this space.

10736  
1929

**1. PLACE OF DEATH**

County Jackson  
Township New  
City Kennett City

Registration District No. 399

File No. 1002  
Registered No. 1002  
St. St. Healthy Ward Pr. Hosp

**2. FULL NAME**

(a) Residence No. 2418 Flora St. 4 Ward.

(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 Fr 4. COLOR OR RACE Colored 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) Aug 11, 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
29 87 1

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. School teacher  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Boston  
(STATE OR COUNTRY) Mass.

10. NAME OF FATHER Richard Jackson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mass.  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)

14. INFORMANT J. Luther Morry  
(Address) 2126 W. 5th Street

15. FILE NO. 37329 REGISTRAR M M Carter  
Asst

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/12 1929

17. HEREBY CERTIFY, That I attended deceased from March 3, 1929 to March 12, 1929 that I last saw h. alive on March 12, 1929, and that death occurred, on the date stated above, at 10:45 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Acute suppurative appendicitis

CONTRIBUTORY (SECONDARY) Pneumonia  
(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRASTED**

IF NOT AT PLACE OF DEATH

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF March 9-29

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Operation Ludwig's  
(Signed) Stearns M.D.

3/12, 1929 (Address) 176 E. 12th St

\*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**

Boston, Mass.

3/13 1929

**20. UNDERTAKER**

**ADDRESS**

Natkins Bros

1729 Ludue

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

Perry