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

Do not use this space.

20830

JUL 24 1929

1. PLACE OF DEATH
County: Caldwell
Township:
City: Hamilton (No. ..... St. ..... Ward)

Registration District No. 96
Primary Registration District No. 4058

File No.
Registered No. 22

2. FULL NAME Catherine Kendall Jackson

(a) Residence. No. ..... St. ..... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
female	white	widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 26 1841

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	87	11	2	

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

9. BIRTHPLACE (CITY OR TOWN) Thomasville
(STATE OR COUNTY) N. C.

PARENTS

10. NAME OF FATHER John Kendall
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Thomasville
(STATE OR COUNTY) North Carolina
12. MAIDEN NAME OF MOTHER Elizabeth Vice
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Davidson Co
(STATE OR COUNTY) North Carolina

14. INFORMANT C. E. Jackson
(Address) Caldwell Co

15. FILED June 29, 1929 Emsley Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 28 1929

17. I HEREBY CERTIFY, That I attended deceased from June 28, 1929 to Date June 28 1929 that I last saw h. alive on June 28 1929, and that death occurred, on the date stated above, at 10:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy.
CVA
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Epilepsy.
(duration) 4 yrs. ..... mos. ..... ds.

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

(Signed) J. M. Dale, M. D.
June 29, 1929 (Address) Hamilton, 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	DATE OF BURIAL
Columbus Indiana	July 1 1929
20. UNDERTAKER	**ADDRESS**
Hall Hospital	Hamilton

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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