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

Do not use this space.

33648

File No. .....

Registered No. 327

1. PLACE OF DEATH
County Jackson
Township Blue
City Independence (No. ..... St. ..... Ward)

Registration District No. 396
Primary Registration District No. 5554

2. FULL NAME Harriett Jackson
(a) Residence. No. 1625 Harris 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.

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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PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Fe	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 3 - 1854

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	75	7	1	

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) at home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Sandgate.
(STATE OR COUNTRY) Vermont.

PARENTS
10. NAME OF FATHER Oscar Barrows
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Sandgate
(STATE OR COUNTRY) Vermont
12. MAIDEN NAME OF MOTHER Don't Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY)

14. INFORMANT Mrs Ruby Spinker
(Address) 1624 Harris Independence Mo

15. FILED 10-5, 1929 F L Cook
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 4, 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept. 7, 1928 to Oct. 4, 1929 that I last saw h. alive on Oct. 4, 1929, and that death occurred, on the date stated above, at ..... P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Heart Block
95A
Periodic (duration) ..... yrs. 18 mos. ..... ds.
CONTRIBUTORY (SECONDARY) ..... (duration) ..... 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) C S Alley, M. D.
10-5, 1929 (Address) Independence 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 Woodlawn
DATE OF BURIAL 10-6 1929

20. UNDERTAKER Ott & Mitchell
ADDRESS Indep.

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