

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

Do not use this space.
33993
4446

1. PLACE OF DEATH

County Jackson
Township Rain
City Kansas City (No. 2619, Merit 102)

Registration District No. 399
Primary Registration District No. 1

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 1126 Brooklyn St., 2 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harry M. Jackson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 17, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
58 7 9

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) Medoria
(STATE OR COUNTRY) Ill.

10. NAME OF FATHER Stumpff

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Harry M. Jackson
(Address) 1126 Brooklyn

15. FILED 10/28/21 M. M. Cron REGISTRAR
ant

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 26 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1929, to Oct 26, 1929, that I last saw her alive on Oct 25, 1929, and that death occurred, on the date stated above, at 7: a- m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis

131
82A

CONTRIBUTORY (SECONDARY) Several (duration) yrs. mos. da. Cerebral Hemorrhage

18. WHERE WAS DISEASE CONTRACTED (duration) yrs. mos. da. 12901

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) Will M. Dams, M. D.

Oct 26, 1929 (Address) 2400 Cypress

*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

Smithton Mo Oct-28 1929

20. UNDERTAKER ADDRESS

S. H. Newcomer

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.

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