

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

Do not use this space.

39570

1. PLACE OF DEATH
 County Atchison Registration District No. 19
 Township East Primary Registration District No. 4013
 City Rock Port (No.) St. Ward)
 2. FULL NAME Sam Jackson
 (a) Residence. No. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 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) Mar 10 1851
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 9 13
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work County Patient
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 10. NAME OF FATHER Andrew Jackson
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 12. MAIDEN NAME OF MOTHER Adeline Culver
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

14. INFORMANT (Name) Frank M. Moly
 (Address) Rock Port Mo
 15. FILED 12-28-90 May J. Chamberlain
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 23 1929
 17. I HEREBY CERTIFY, That I attended deceased from April 1929, to Dec 23 1929, that I last saw him alive on Dec 23 1929, and that death occurred, on the date stated above, at 8 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral apoplexy
 18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH...
 19. DID AN OPERATION PRECEDE DEATH? no DATE OF...
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? none
 (Signed) Chas T. Betts, M. D.
 (Address) Rock Port Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Willsupp cemetery Dec 29 1929
 20. UNDERTAKER ADDRESS
St. Butram Rock Port Mo

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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