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

Do not use this space.

232

1. PLACE OF DEATH

County Buchannan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 75

City St. Joseph (No. St. Joseph's Hospital. St. Ward)

2. FULL NAME Maggie V. Jackson.

(a) Residence. No. St., Ward. Blythedale Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 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.	Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W.H.Jackson.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 7, 1869.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	60	11	17	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Glenwood, (STATE OR COUNTRY) Missouri.

PARENTS

10. NAME OF FATHER George Covey,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Vermillion Co. (STATE OR COUNTRY) Illinois.

12. MAIDEN NAME OF MOTHER Elizabeth Walker.

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

14. INFORMANT W.H.Jackson. (Address) Blythedale Mo.

15. FILED JAN 20 1930 John G. Nt REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 19, 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1930, to Jan 19, 1930 that I last saw her alive on Jan 18, 1930, and that death occurred, on the date stated above, at 2:49 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Gall Bladder

HCE

1 yr (duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY) Cholecithiasis

(duration) 0 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Blythedale Mo

DID AN OPERATION PRECEDE DEATH? yr DATE OF Jan 18 30

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. F. Schmid M. D.

1-19, 1930 (Address) St Joseph 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
Blythedale Missouri.	Jan 19 1930
20. UNDERTAKER	ADDRESS
H. O. Sidenfaden	1802 Union St.

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.