

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 28 1930

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

Do not use this space.

5748

1. PLACE OF DEATH

County Moniteau

Registration District No. 576

Township Harrison

Primary Registration District No. 5773

City..... (No.....)

File No.....

Registered No. 3

St..... Ward)

2. FULL NAME James P. Jackson

(a) Residence. No. High Point Mo. 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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 28th 19 30

17. I HEREBY CERTIFY, That I attended deceased from Feb. 11th, 19 30 to Feb. 28th 19 30

that I last saw him alive on Feb. 18th 19 30, and that death occurred, on the date stated above, at 3.00 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Interstitial Nephritis

13!

Dont Know

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

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

(Signed) L. S. Glover M. D.

, 19 (Address) Russellville 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.

9. BIRTHPLACE (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

10. NAME OF FATHER Riley Jackson

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

12. MAIDEN NAME OF MOTHER Dont Know

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

14. INFORMANT Wilber Jackson

(Address) High Point, Mo.

15. FILED 3-10-1930 J. H. Pink

REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Enloe Cemetary

20. UNDERTAKER

G. N. Steffens

DATE OF BURIAL

Mar. 1st 1930

ADDRESS

Russellville

No.

