APR 30 1930

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

Do not use this space.

9253

1. PLACE OF DEATH
County Johnson
Township Hazil Hill
City (No. St. Ward)

Registration District No. 434
Primary Registration District No. 5591
File No.
Registered No. 55

2. FULL NAME Mary Elizabeth 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Jackson
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 8, 1848.
7. AGE YEARS 82 MONTHS 2 DAYS 13 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Johnson ,Co.
(STATE OR COUNTRY) Missouri.

PARENTS

10. NAME OF FATHER Nathaniel Radford Martin
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Virginia,
12. MAIDEN NAME OF MOTHER Sarah Redford
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri
14. INFORMANT Mrs Wm Murray,
(Address) Warrensburg, Mo
15. FILED 4/10/1930 G. E. Pollock REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 22.1930
17. I HEREBY CERTIFY, That I attended deceased from March 1st, 1930, to march 22, 1930
that I last saw her alive on march 19, 1930 and that death occurred, on the date stated above, at 11. P. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho Pneumonia
107A
97
(duration) yrs. mos. 7 ds.
CONTRIBUTORY (SECONDARY) Senility . arteriosclerosis
(duration) 3 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) W M Martin M. D.
, 19 (Address) Odessa 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 Mount Tabor,
DATE OF BURIAL Mar. 23/30 19
20. UNDERTAKER R. Q. Phillips, Warrensburg.
ADDRESS

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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