

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.

JUN 24 1930

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

Do not use this space.

15281

1. PLACE OF DEATH
 County Bates Registration District No. 50
 Township _____ Primary Registration District No. 3004
 City Butler (No. _____) St. _____ Ward _____

2. FULL NAME Effie C 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.

File No. _____
 Registered No. 25

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 widow of W. F Jackson.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 5 1869

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>61</u>	<u>0</u>	<u>21</u>	

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) Cass Co.
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER J. E. Coxman Chestam

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

12. MAIDEN NAME OF MOTHER Mary M Redwood

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

14. INFORMANT Allene Jackson.
 (Address) Butler Mo.

15. FILED May 27 1930 Mina L Culver.
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 28 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 3 1930 to May 26 1930 that I last saw h er alive on May 26 1930 and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
fractures of both breasts
50 (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 45 (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRAIVED
 IF NOT AT PLACE OF DEATH _____

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS _____
 (Signed) E. N. Chestam M. D.
3/27. 1930 (Address) Butler 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 Dak Hill DATE OF BURIAL May 28 1930

20. UNDERTAKER Culver's ADDRESS Butler

