

SEP 24 1930

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

Do not use this space.

26378

## 1. PLACE OF DEATH

County Greene  
Township Boon  
City Boon (No. \_\_\_\_\_)

Registration District No. 316  
Primary Registration District No. 5435

File No. \_\_\_\_\_  
Registered No. 27  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Isaac Franklin 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

## MEDICAL CERTIFICATE OF DEATH

3. SEX

M

4. COLOR OR RACE

W

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

Married16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-31 1930

17. I HEREBY CERTIFY, That I attended deceased from July 7, 1930, to Aug 31, 1930  
and I last saw him alive on Aug 28, 1930, and that death occurred, on the date stated above, at 6 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Myocarditis928

CONTRIBUTORY (SECONDARY) Chronic Valvular Heart Disease  
mitral (duration) 2 yrs. 2 mos. 0 ds.

(duration) 2 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH  
DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Chisel

(Signed) Dr. Charles H. Orr, M. D.

Sept 1, 1930 (Address) Ash Grove 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 Meisner

DATE OF BURIAL 9-1-1930

20. UNDERTAKER Augdon-Morris-Luman

ADDRESS Ash Grove Mo.

3. SEX

4. COLOR OR RACE

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-8-1870

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

60X23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Laborer

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

(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Ind.

(STATE OR COUNTRY)

10. NAME OF FATHER George Jackson11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ind.

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Moxie Stein13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ind.

(STATE OR COUNTRY)

14. INFORMANT Mrs. Nancy Jackson

(Address)

15. FILED 9-5, 1930 Dr. Charles H. Orr

REGISTRAR

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

