

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

Do not use this space.

26961

File No. 3574  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH  
County Jackson Registration District No. 399  
Township Kaw Primary Registration District No. 1002  
City KC Mo, (No. 2434, Mountgall \_\_\_\_\_)

2. FULL NAME Francis Jackson  
(a) Residence. No. 2434 Mountgall, Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 25 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 Negro  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 1862  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
68 10

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Housework  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Chester  
(STATE OR COUNTRY) South Carolina

10. NAME OF FATHER Dont Know  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) \_\_\_\_\_  
12. MAIDEN NAME OF MOTHER Rose Caswell  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Chester  
(STATE OR COUNTRY) South Carolina

14. INFORMANT Mrs. Carrie Brydie  
(Address) \_\_\_\_\_

15. FILED 8-30-30 M McCroye  
REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 28 1930  
17. I HEREBY CERTIFY, That I attended deceased from July 20, 1930, to Aug 28, 1930  
that I last saw her alive on Aug 28, 1930, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Carcinoma of Uterus  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
CONTRIBUTORY Diabetes mellitus  
(SECONDARY) (duration) 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ 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 Physical + Lab Exam  
(Signed) [Signature], M. D.  
8-29, 1930 (Address) 1518 E. 18th St

\*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 Highland Cemetery  
DATE OF BURIAL 8-30-30  
19

20. UNDERTAKER Flynn + Greenstreet  
ADDRESS K.C. Mo.

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.

