

OCT 29 1930

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

Do not use this space.

30402

1. PLACE OF DEATH

County Lawrence
Township Ozark
City (No.)

Registration District No. 474
Primary Registration District No. 5-638

File No.
Registered No. 1 Ward

2. FULL NAME

Velma Lavona Jackson
(a) Residence No. St. Ward
(Usual place of abode)

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) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-9-1897

7. AGE YEARS. MONTHS DAYS If LESS than 1 day, hrs. or min.
32 9 23

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) Mo
(STATE OR COUNTRY)

10. NAME OF FATHER J. R. Neal

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

12. MAIDEN NAME OF MOTHER Docie Neal

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

14. INFORMANT Reginald D. Jackson
(Address) W. R. 4

15. FILED Sept 10, 1930 Miss Eliza Miller
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 2 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 1st, 1930, to Sept 7, 1930, that I last saw her alive on Sept 7, 1930, and that death occurred, on the date stated above, at 1:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Secondary Shock following
compromised, with cardiac
paralysis.
1504 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1450
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at home
IF NOT AT PLACE OF DEATH.

3 DID AN OPERATION PRECEDE DEATH? normal labor DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Shock
(Signed) L. J. Tolman M.D.
, 19 (Address) Miller 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 Newtonia DATE OF BURIAL 9-5-1930

20. UNDERTAKER W. Morris & Leiman Miller ADDRESS

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.

