

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.

JAN 10 1931

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

Do not use this space.

38679

1. PLACE OF DEATH

County B. Butler Registration District No. 89  
Township \_\_\_\_\_ Primary Registration District No. 307  
City Poplar Bluff (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 233  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Eva Jackson  
(a) Residence No. 407 N. "D" 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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 15, 1884.

7. AGE YEARS MONTHS DAYS IT LESS than 1 day, hrs. or min.  
46 1 19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. At Home.  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) S. Pittsburg  
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Chas. Kersey.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) not known.

12. MAIDEN NAME OF MOTHER not known.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) not known.

14. INFORMANT Henry M. Jackson  
(Address) Poplar Bluff Mo.

15. FILE NO. Dec 8, 1930 By Clay  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-4 1930

17. I HEREBY CERTIFY, That I attended deceased from 12-4, 1930, to 12-4, 1930, that I last saw him alive on 12-4, 1930, and that death occurred, on the date stated above, at 6:50 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Left Hemiplegia - due to hypertension.  
(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) none  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH no

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical tests.  
(Signed) A. J. Clay, M. D.

12/8, 1930 (Address) Poplar Bluff, 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 Woodlawn DATE OF BURIAL 12-6 1930

20. UNDERTAKER Frank's Undert. Co. Poplar Bluff  
ADDRESS \_\_\_\_\_

