

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

Do not use this space.

9670

1. PLACE OF DEATH

County Howard Registration District No. 379
 Township Chariton Primary Registration District No. 4223
 City Glasgow (No. St. Ward)

2. FULL NAME Mellie Jackson

(a) Residence, No. St. Ward.

(Usual place of abode) Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Black</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Napoleon Jackson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-23-1907</u>		
7. AGE	YEARS <u>24</u>	MONTHS
	DAYS	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Howard County Missouri</u>		
FATHER	13. NAME <u>William Rucker</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Chariton County Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Manda Rucker</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Chariton County Missouri</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Lewis Serial Glasgow Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Glasgow Mo</u> DATE <u>3-25</u> 19 <u>31</u>		
19. UNDERTAKER (ADDRESS) <u>Tom Hillen Glasgow Mo</u>		
20. FILED <u>4/15</u> 19 <u>31</u> <u>H. H. Crum</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/23 1931

22. I HEREBY CERTIFY, That I attended deceased from April 25 1930, to March 23 1931
 I last saw her alive on March 23 1931 Death is said to have occurred on the date stated above, at 4:08 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic pulmonary tuberculosis

Date of onset April 1930

Other contributory causes of importance:
Subtuberculous enteritis

Name of operation Date of
 What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury (1)

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify
 (Signed) Carl C. Steger M. D.
 (Address) Glasgow, Missouri

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.

MAY 23 1931

