

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

Do not use this space.

9972
1240

1. PLACE OF DEATH

County Jackson
Township New
City R. C. Mo.

Registration District No. _____
Primary Registration District No. 3325 Montgall

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Lawrence A. Jackson
(a) Residence. No. 3325 Montgall St. 1st Ward.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec-9-1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
44 3 4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Book-keeper, acct.
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Kansas

10. NAME OF FATHER

Robt. Jackson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER

Elvora Lindley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo.

14.

INFORMANT Mrs. Ace Hurd
(Address) 66th, + Belinder Rd

15.

FILED 3/4 1931 M. M. Crowl
asst. REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar-13-1931

17. I HEREBY CERTIFY, That I attended deceased from Mar 1931, to Mar 13 1931, and that I last saw h. alive on Mar 13th 1931, and that death occurred, on the date stated above, at 2:40 PM in.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiac dilatation -
acute nephritis
ASG
AT
170 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) arteriosclerosis -
organic heart disease secondary
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

9513 son's know
IN WHAT PLACE OF DEATH _____

DATE OF OPERATION OF PRECEDE DEATH _____ DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) J. J. Acott _____ M. D.

114, 1931 (Address) 1202 Waldwin Bldg

*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

Forest Hill DATE OF BURIAL Mar 14 1931

20. UNDERTAKER

Mrs. C. L. Forster ADDRESS R. C. Mo.

WRITE PLAINLY IN 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.

H. S.
12-11-30
Waldheim - VI - 5620