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.

APR 27 1931

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

Do not use this space.

12831

1. PLACE OF DEATH
County: Cooland
Township: Lawrence
City: (No. , St. Ward)

Registration District No. 811
Primary Registration District No. 4489

File No.
Registered No. 7

2. FULL NAME Sterling I. Jackson

(a) Residence, No. Rutledge, Mo. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Febr. 23rd, 1849

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	82	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1

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) Jefferson Co. Ill. 2

FATHER

13. NAME Ansel Jackson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania.

MOTHER

15. MAIDEN NAME Martha Hamlin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) H. E. Jackson Rutledge Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Cooland Cemetery DATE Mch 26, 31

19. UNDERTAKER Gritt & Beckett
(ADDRESS) Lorain, Mo

20. FILED 3-25, 1931 Zella Wilson
Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 24, 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 1/27, 1928, to March 24, 1931
I last saw him alive on March 23, 1931. Death is said to have occurred on the date stated above, at 12 30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	1927
131	
9 A 920	

Other contributory causes of importance: Interstitial nephritis

Name of operation None 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 —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify —
(Signed) F. W. Johnson, M. D.
(Address) Gallatin Mo