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

35

13196

File No.

Registered No. 362

1001

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH
County Buchanan
Township
City St Joseph Mo (No. State Hospital No St. Ward)

2. FULL NAME Jackson Paul
(a) Residence. No. Independence Mo St., Ward. Independence Mo
(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.

MAY 21 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Unknown

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): ~~Jan 1 1901~~ about 1901

7. AGE: Years 30; Months Unknown; Days; If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Rock Quarry Man 17
(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): Independence Mo

PARENTS
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: State Hospital Records
(Address): St Joseph Mo

15. FILED APR 1 1931 John R. Bender REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 1 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1931, to Apr 1, 1931, that I last saw him alive on Mar 31, 1931, and that death occurred, on the date stated above, at 12:15 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchopneumonia
10 days
Toxemia (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Diphtheria (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory
(Signed) J. Riley M. D.
April 1 1931 (Address) St Joseph 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: Independence Mo. DATE OF BURIAL: April 3rd 1931
20. UNDERTAKER: Ramey Funeral Service ADDRESS: Mt Olive

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.