

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

Do not use this space.

17329

1. PLACE OF DEATH
 County Cape Girardeau Registration District No. 125
 Township " " Primary Registration District No. 3009
 City " " (No. St. Francis Hospital) St. _____ Ward _____

2. FULL NAME Everett Jackson
 (a) Residence, No. Gale Ill. Ward. Gale Ill.
 (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 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) Mar 7 - 1909

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs: or min.
<u>22</u>	<u>2</u>	<u>17</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 20

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) Gale Ill.

MOTHER FATHER

13. NAME W. C. Jackson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co. Ill.

15. MAIDEN NAME Mary E. Lambert

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co. Ill.

17. INFORMANT Mrs. W. C. Jackson
(ADDRESS) Gale Ill.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Gale Ill. DATE May 26, 1931

19. UNDERTAKER Walthers Undert. Co.
(ADDRESS) Cape Girardeau Mo.

20. FILED 5-25-31 W. C. Kumpfer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-24, 1931

22. I HEREBY CERTIFY, That I attended deceased from 5-24, 1931, to 5-25, 1931
 I last saw him alive on 5-26, 1931. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Fractured skull Date of onset _____
510
 Other contributory causes of importance: _____

Name of operation none Date of _____
 What test confirmed diagnosis? X-Ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide Accident Date of injury 5-24-31
 Where did injury occur? Alexander Co. Ill.
 (Specify city, or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury Shot
 Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify grower
 (Signed) Cape Girardeau Mo. M. D.
 (Address) _____

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.

JUN 24 1931

