

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

Do not use this space.

21855

1. PLACE OF DEATH

County Jasper Registration District No. 411
Township Joplin Mo. Primary Registration District No. 2002
City Joplin Mo.

File No. _____
Registered No. 239
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Rayline St. _____ Ward _____

(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 wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED mar
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jane Jackson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30-1850
7. AGE YEARS MONTHS DMS If LESS than 1 day, hrs. or min.
76 - 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
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) Zebrank²

FATHER 13. NAME Hugh Jackson³¹

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) in hard

MOTHER 15. MAIDEN NAME Mary Dr. Hay

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) in deep

17. INFORMANT Mrs. Jane Jackson
(ADDRESS) Joplin

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Park DATE June 11, 1931

19. UNDERTAKER Frank - Reeves
(ADDRESS) Joplin Mo.

20. FILED June 2, 1931 A. Benson Clark
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1931, to June 10, 1931
I last saw him alive on June 9, 1931. Death is said to have occurred on the date stated above, at 12:20m.
The principal cause of death and related causes of importance were as follows:

cerebral hemorrhage 1931
878
99 J. J. A.
Other contributory causes of importance:
arterio sclerosis

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy?

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? _____
If so, specify _____
(Signed) W. H. Brookshire, M. D.
(Address) Joplin Mo.

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.

JUL 23 1931

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