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

Do not use this space.

21903

File No. .....

Registered No. 68

1. PLACE OF DEATH

County Jefferson — Registration District No. 421

Township Plattin — Primary Registration District No. 5576

City Rush-Tower (No. ....., ..., St. ....., Ward)

2. FULL NAME Dora May Jackson

(a) Residence, No. ..... 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)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF W. R. Jackson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 14 1870

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	61	4	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 235

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

10. Date deceased last worked at this occupation (month and year) June 1 — 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Plattin Jefferson Mo. 1

FATHER

13. NAME Jefferson Gibson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Memphis Tenn. 3

MOTHER

15. MAIDEN NAME Mary E. Dutton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 3

17. INFORMANT Mr. W. R. Jackson
(ADDRESS) Rush Tower Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Festus Mo DATE 6/16/31 19..

19. UNDERTAKER Duester and Vinyard
(ADDRESS) Festus Mo.

20. FILED 6/15 1931 J. E. Rutledge Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14 1931

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1931, to June 14, 1931

I last saw h... alive on June 14, 1931. Death is said to have occurred on the date stated above, at 9:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	June 10, 1930
920	
1154	
Other contributory causes of importance:	
Senilitis	June 1, 1931

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) John T. Rutledge, M. D.

(Address) Crystal City, Mo.

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.

WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD

JUL 25 1931