

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

Do not use this space.

22287

1. PLACE OF DEATH

77 County Ozark Registration District No. 650
 Township Rockland Primary Registration District No. 5861
 City Asa (No. _____) St. _____ (Ward _____)

2. FULL NAME James H. Jackson

(a) Residence No. Trail 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widower

16. DATE OF DEATH June 1st 1931
 (MONTH, DAY AND YEAR) 1931
17. I HEREBY CERTIFY, That I attended deceased from 27th, 1931, to June 4th, 1931
 that I last saw him alive on May 30, 1931, and that death occurred, on the date stated above, at _____.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1897
7. AGE YEARS MONTHS DAYS
84 3 24 If LESS than 1 day, _____ hrs. or _____ min.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Intense pain of Bowels
ILEIT (duration) yrs. mos. 13 ds.
CONTRIBUTORY (SECONDARY) 2 2 13 (duration) yrs. mos. da.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH, _____
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

9. BIRTHPLACE (CITY OR TOWN) Asa (STATE OR COUNTRY) Arkansas
10. NAME OF FATHER Don't know
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know (STATE OR COUNTRY) _____
12. MAIDEN NAME OF MOTHER Don't know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know (STATE OR COUNTRY) _____

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) J. D. Bally, M. D.
 , 19 (Address) Asa, Ark

14. INFORMANT G. C. Hall (Address) _____

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Wale Cemetery **DATE OF BURIAL** June 5th 1931

15. FILED June 1st 1931 J. D. Bally M.D. REGISTRAR

20. UNDERTAKER none **ADDRESS** _____

Exact statement of OCCUPATION is very important. JUN 6 7 1931

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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Boonville Registration District No. 650
Township Richland Primary Registration District No. 3-861
City (No. St. Ward)

File No.
Registered No.

2. FULL NAME

James H. Jackson St. Ward.

(a) Residence, No.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4, 1931

22. I HEREBY CERTIFY That I attended deceased from to 19.....
I last saw him alive on 19..... 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:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown 1849
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 unknown unknown

Other contributory causes of importance:

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

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

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.

MOTHER FATHER
13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

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

20. FILED June 30, 1931 J. A. Balford Registrar

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

Exact statement of OCCUPATION is very important

5-22287