

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

Do not use this space.

29032

1. PLACE OF DEATH

County Pemiscot
Township Pascata
City (No. _____) _____

Registration District No. 1102
Primary Registration District No. 05870

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

2. FULL NAME

Mary 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George Jackson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 15, 1859</u>		
7. AGE YEARS <u>73</u>	MONTHS <u>10</u>	DAYS <u>25</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeping</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>See Home</u>		
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation <u>60</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Grand Tower Ill.</u>		
13. NAME <u>Don't know</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____		
15. MAIDEN NAME _____		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____		
17. INFORMANT <u>Sid Jeffers</u> (ADDRESS) <u>Pascata, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Logan, Mo.</u> DATE <u>8-11-1931</u>		
19. UNDERTAKER <u>H. D. Smith</u> (ADDRESS) <u>Caruthersville, Mo.</u>		
20. FILED <u>8-11-1931</u> <u>T. R. Cole</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1931, to June 10, 1931.
I last saw him alive on July 18, 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:
Paralysis
60 D
99
8-11-31

Other contributory causes of importance:
arterio-sclerosis

Name of operation _____ 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? No
If so, specify _____
(Signed) Mary Jackson, M. D.
(Address) Hayth, 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.

SEP 25 1931

X

