

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

Do not use this space.

83

1. PLACE OF DEATH

County Darton Registration District No. 40
Township City Primary Registration District No. 40.24
City Lamar (No. _____) St. _____ Ward _____

File No. _____
Registered No. ~~778~~ 1

2. FULL NAME

Lawrence R. Roy Jackson
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	
		<u>Child</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF			
<u>Child</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 18 - 1937</u>			
7. AGE	YEARS	MONTHS	DAYS
			<u>9</u>
			If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
	<u>✓</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
<u>1610</u>			
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) <u>Lamar Mo.</u>			
FATHER	13. NAME <u>Lee V. Jackson</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lamar Co. Kansas</u>		
MOTHER	15. MAIDEN NAME <u>Laura Hall</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lugman Co. Kans.</u>		
17. INFORMANT (ADDRESS) <u>L. V. Jackson Lamar Mo.</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>High Cemetery</u> DATE <u>1/28 1937</u>			
19. UNDERTAKER (ADDRESS) <u>A. J. Pines Lamar Mo.</u>			
20. FILED <u>Jan. 27 - 1937</u> <u>A. J. Mynatt</u> Registrar.			

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27th 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan - 26th 1937 to Jan - 27th 1937
I last saw him alive on Jan - 27th 1937. Death is said to have occurred on the date stated above, at 8:30 p.m.
The principal cause of death and related causes of importance were as follows:
Hemorrhage from naval Hemophilia Date of onset 1-26-37
70B Hemophilia
1610
Other contributory causes of importance: 1610

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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 ①

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

FEB 9 1937

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