

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

Do not use this space.

1493

1. PLACE OF DEATH

47 County Jasper Registration District No. 417 File No. _____
 01 Township _____ Primary Registration District No. 3021 Registered No. 7
 7 City Webb City (No. _____) St. _____ (Ward)

2. FULL NAME

Miss Mathie A. Jackson
 (a) Residence. No. Jane Chan Hospital Ward. Carterville Mo.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. Harve Jackson
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 15 1878
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 | 9 | 22

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer). 235
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Columbia
 (STATE OR COUNTRY) Ill.

10. NAME OF FATHER Dudley Sultz
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ill.
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Sarah J. Ouel
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ill.
 (STATE OR COUNTRY)

14. INFORMANT Harve Jackson
 (Address) Carterville Mo

15. FILED 17, 1932 R. H. Stormont
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 6, 1932

17. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1931 to Jan 6, 1932
 that I last saw her alive on Jan 6, 1932, and that death occurred, on the date stated above, at 245 W. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Obstruction of Bowels
127 (duration) yrs. mos. 4 ds.
 CONTRIBUTORY (SECONDARY) Paroxysms of Jejunum
 (duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____

1. DID AN OPERATION PRECEDE DEATH? yes DATE OF Oct 16 1931

2. WAS THERE AN AUTOPSY? yes
 WHAT TEST CONFIRMED DIAGNOSIS? Portopsey
 (Signed) J. A. Simpson, M. D.
 17, 1932 (Address) Webb City Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Carterville Cem DATE OF BURIAL 1/8 1932

20. UNDERTAKER Webb City Und Co ADDRESS Webb City

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 24 1932

