

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

Do not use this space.

1. PLACE OF DEATH

14 County Callaway Registration District No. 104
 2 Township Primary Registration District No. 3008
 7 City Fulton (No.) St. Ward

File No. 3914
 Registered No. 30

2. FULL NAME Robert Maurice Jackett

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Baefant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Baefant

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 9, 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
3 8 -

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

9. BIRTHPLACE (CITY OR TOWN) Fulton
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER A. H. Jackett
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Illinois
 (STATE OR COUNTRY).....
 12. MAIDEN NAME OF MOTHER Worthy Sims
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Fulton
 (STATE OR COUNTRY) Missouri

14. INFORMANT A. H. Jackett
 (Address) Fulton, Mo

15. FILED 2-10, 1932 R. W. Crews
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 9 1932

17. I HEREBY CERTIFY, That I attended deceased from Feb 1st 1932 to Feb 8 1932 that I last saw him alive on Feb 8 1932, and that death occurred, on the date stated above, at 9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
8 acute nephritis
130
 (duration) yrs. mos. 5 ds.
 CONTRIBUTORY (SECONDARY) Scalded Skin
 (duration) yrs. mos. 7 ds.

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

0 DID AN OPERATION PRECEDE DEATH? No DATE OF.....
 WAS THERE AN AUTOPSY? No
 WHAT TESTS CONFIRMED DIAGNOSIS.....
 (Signed) W. B. Johnson, M. D.
 , 19 (Address) Fulton 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 Pioneer Cemetery DATE OF BURIAL Feb 11 1932
 20. UNDERTAKER Geo W Wallace ADDRESS Fulton 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.

MAR 21 1932

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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