

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

Do not use this space.

4945

1. PLACE OF DEATH

County Jackson
Township Frank
City Kansas City

Registration District No. 390
Primary Registration District No. 002
(No. Kansas City General Hosp)

File No. 808
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Mamie Jackson
(a) Residence, No. 1314 Cherry St., _____ Ward _____
(Usual place of abode)

1 Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Andrew Jackson (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 9, 1889
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 42 43 3 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
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) mo

13. NAME J. E. Barnett

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

15. MAIDEN NAME Mary Keith

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

17. INFORMANT Reverend Clerk (ADDRESS) K. C. Gen. Hosp. p. c. mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Freeman Chapel DATE Feb. 28, 1932

19. UNDERTAKER Freeman Mortuary & Chapel (ADDRESS) 104 W. 42nd St. K. C. Mo

20. FILED 2/27 1932 Registrar M. M. Crow

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-21, 1932 to 2-27, 1932
I last saw him alive on 2-27, 1932 Death is said to have occurred on the date stated above, at 5:50 a. m.

The principal cause of death and related causes of importance were as follows:

Squamous cell Epithelioma of Tongue
456 45E
Other contributory causes of importance _____

Name of operation _____ Date of _____
(What test confirmed diagnosis? _____ Was there an autopsy? no)

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 1
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____ (Signed) P. G. Williams, M. D.
(Address) Sup. K. C. Gen. Hosp. p. c. 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.

