

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

Do not use this space.

5202

51 1. PLACE OF DEATH
County Johnson Registration District No. 431
Township Warrensburg Primary Registration District No. 3023
City Warrensburg (No. _____) St. _____ Ward _____

2. FULL NAME Chas. D. 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 25 - 1923

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>8</u>	<u>5</u>	<u>11</u>	<u>13</u>

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 210M

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

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) Warrensburg, Mo.

13. NAME John Jackson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton Co.

15. MAIDEN NAME Medie Holt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warrensburg, Mo.

17. INFORMANT (ADDRESS) John Jackson

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Hill DATE Feb 9 1932

19. UNDERTAKER (ADDRESS) R. D. Phillips

20. FILED Feb 9 1932 W. R. Waller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____ NO _____, 19____, to _____ NO _____, 19____.

I last saw h _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 6 A.m.

The principal cause of death and related causes of importance were as follows:
Accidental death.
Struck by a Car 2

Automobile run over limb was on street in Warrensburg

Other contributory causes of importance: _____

Name of operation _____ none _____ Date of _____

What was confirmed diagnosis? _____ none _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Feb. 5, 1932
Where did injury occur? N. Holdenst., Warrensburg, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
On Street in Warrensburg

Manner of injury _____
Nature of injury Fracture at base of skull

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify _____ none _____
(Signed) Edward Anderson, M. D.
W. R. Waller

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.

12