

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

Do not use this space.

11985

**1. PLACE OF DEATH**

25  
4 County Clinton Registration District No. 207  
Township \_\_\_\_\_ Primary Registration District No. 4125  
City Plattburg (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 19  
Registered No. 5-6

**2. FULL NAME**

Rufus Marion 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 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 10, 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
81 5 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer  
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) Plattburg Mo.

FATHER 13. NAME Rufus Jackson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Mo.

MOTHER 15. MAIDEN NAME Polly Fitzgerald

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Mo.

17. INFORMANT (ADDRESS) William Jackson

18. BURIAL, CREMATION, OR REMOVAL PLACE new Plattburg Church DATE 4-7 1932

19. UNDERTAKER (ADDRESS) W. W. Chastain

20. FILED Apr 6 1932 W. Chastain Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 23 1932, to April 5 1932  
I last saw h/ him alive on April 15 1932 Death is said to have occurred on the date stated above, at 5 P. m.  
The principal cause of death and related causes of importance were as follows:

Myocarditis (Date of onset 1931)  
Septic (Date of onset Mar 23 '32)  
Senility  
Other contributory causes of importance: (1)

0 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed (state symptoms) 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 \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify No  
(Signed) W. W. Chastain, M. D.  
(Address) Plattburg 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.

MAY 25 1932

MARG. RESERVED FOR BINDING

VCS. NO. 2.

