

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

12405-2

12405-a

1. PLACE OF DEATH

County St. Louis Registration District No. 390  
 Township Marion Primary Registration District No. 5545  
 City Camphill No. 18 St. 18 Ward 18

2. FULL NAME

(a) Residence, No. H. E. Jackson St. 18 Ward 18  
 (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 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 Anne Jackson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 5-1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
71 8 11

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

13. NAME Soup Husar

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Soup Husar Ill.

15. MAIDEN NAME Soup Husar

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Soup Husar

17. INFORMANT W. L. Jackson (ADDRESS) Camphill Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE White Center DATE 4-9-32

19. UNDERTAKER Norman White (ADDRESS) Stanton Mo.

20. FILED 12/12/32 19. 32 26 Center Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-16-32 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-15-32 to 4-15-32 1932

I last saw him alive on 4-5-32 1932 Death is said to have occurred on the date stated above, at 2 P. m.

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

Pulmonary Tuberculosis  
Malnutrition  
Stomach

Other contributory causes of importance  
46B  
23A  
460  
1

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 1932

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 \_\_\_\_\_

(Signed) W. L. Jackson M. D.  
 (Address) Stanton, Mo.

