

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

Do not use this space.

18415

File No. ....  
Registered No. 15 St. .... Ward)

1. PLACE OF DEATH  
103 County Stoddard Registration District No. 834  
1 Township Rich Primary Registration District No. 450#  
3 City Advance, Mo. (No. Henry) St. .... Ward)

2. FULL NAME Samuel 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) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bertie Jackson  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-24-1894  
7. AGE 37 YEARS 6 MONTHS 4 DAYS If LESS than 1 day, .... hrs. or .... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common laborer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation ..... 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Advance, Mo.

MOTHER FATHER 13. NAME Joel W. Jackson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known 31

15. MAIDEN NAME Benson E. Like

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

17. INFORMANT (ADDRESS) John W. Jackson Advance, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Croy's Cemetery, Mo. DATE 5/29, 1938

19. UNDERTAKER (ADDRESS) Lloyd Morgan Advance, Mo.

20. FILED 5-30-1938 M. McKeary Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/8, 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

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

The principal cause of death and related causes of importance were as follows:  
Gun shot wound.

Date of onset 17/173

Other contributory causes of importance: (5)

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? Homicide Date of injury 5/8, 1938  
Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury ..... Nature of injury Gunshot wound

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify .....

(Signed) C. O. Bennett Coroner of Stoddard Co., Mo. M. D.  
Advance, Bell City, 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.

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