

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.

NOV 28 1932

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

Do not use this space.

30082

1. PLACE OF DEATH

83 County Platte
Township May
City Waller K. Jackson (No. 696)

Registration District No. 696
Primary Registration District No. 5928

File No. 2.3
Registered No. 2.3 Ward

2. FULL NAME

(a) Residence, No. Waller K. Jackson St. Ward.
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>October 17, 1872</u>		
7. AGE	YEARS	MONTHS
	<u>59</u>	<u>11</u>
		<u>4</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>1</u>		
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) <u>Worth, Mo.</u>		
13. NAME <u>John M. Jackson</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Howard Co., Mo.</u>		
15. MAIDEN NAME <u>Prudence Marshall</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Quincy, Mo.</u>		
17. INFORMANT (ADDRESS) <u>Leuthia Jackson</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE <u>Second Creek Co.</u> DATE <u>9-3-32</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>L. F. Collins</u>		
20. FILED <u>Oct-12</u> 19 <u>32</u> <u>May B. Hought</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-9-1932 to 9-28-1932
I last saw him alive on 9-25-1932 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:
Coronary
Stenosis
46B
46B
Other contributory causes of importance:
(1)

8. 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 _____, 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 _____
(Signed) Dr. H. C. Smith M. D.
(Address) Smithville

