

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

Do not use this space.

31758

1. PLACE OF DEATH
 24 County Clay Registration District No. 198
 2 Township Fishing River Primary Registration District No. 2011
 4 City Excelsior Springs, Mo. Veterans Hospital St. 3rd Ward

File No. _____
 Registered No. 126
 St. 3rd Ward

2. FULL NAME JACKSON, Elmer Eugene
 (a) Residence, No. Veterans Hospital, Excelsior Springs, Mo. 420 Morse St., Slater Mo.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. lds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Louina Jackson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 13, 1894
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
38 6 27

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 10, 1932
 22. I HEREBY CERTIFY, That I attended deceased from October 10, 1932, to October 10, 1932.
 I last saw him alive on October 10, 1932 Death is said to have occurred on the date stated above, at 5:35pm
 The principal cause of death and related causes of importance were as follows:

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

Leukemia, myelogenous
 Date of onset _____
 Other contributory causes of importance: none

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Dal Jackson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Elizabeth, Rouse

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs. Louina Jackson, wife of patient

18. BURIAL, CREMATION, OR REMOVAL PLACE Slater, Mo. DATE 10-11-32

19. UNDERTAKER (ADDRESS) John G. Prather, Excelsior Springs, Mo.

20. FILED Oct 11, 1932 J. D. Granger Registrar

Name of operation none Date of _____
 What test confirmed diagnosis? EXAM. 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? unknown
 If so, specify _____

(Signed) W. C. Cook, M. D.
 Medical Officer in Charge, Excelsior Springs, Mo.
Veteran Administration Hospital

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 9 2 1932

