

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

Do not use this space.

32405

1. PLACE OF DEATH

County Jackson Registration District No. 389
 Township Wm. M. Grove Primary Registration District No. 2602
 City 2608 Euclid

File No. _____
 Registered No. 3134
 St. _____ Ward _____

2. FULL NAME

Aurora Lewis Jackson
 (a) Residence. No. 2608 Euclid 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 Female
 4. COLOR OR RACE negro
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elmer Jackson
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 17 1876
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 9 3
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. Domestic 2nd
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/15/32 1932
 17. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1932, to Oct. 15, 1932 that I last saw h. alive on Oct 13, 1932, and that death occurred, on the date stated above, at 3 36 4 m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Dilatation of Heart
443 9/13/32
155 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) Coronary Disease (Rheumatic)
 (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Independence, Mo

10. NAME OF FATHER

Frank P. Nelson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

Clay City Mo

12. MAIDEN NAME OF MOTHER

Ella J. Crow

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

Warren 31

14. INFORMANT

Elmer Jackson
 (Address) 2608 Euclid Ave

15. FILED

10/19/32 M. M. Grove
Asst. REGISTRAR

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) [Signature], M. D.

10/15, 1932 (Address) 1830 1/2 Ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Woodland Expt 200 10-17 1932

20. UNDERTAKER

ADDRESS

J. W. Fierline 1717 Vine

K. 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.

