

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.

1. PLACE OF DEATH
 033 County Stoddard Registration District No. 837
 Township Castor Primary Registration District No. 6099
 City Bloomfield Mo. (No. _____) St. _____ Ward _____

2. FULL NAME Mary A. 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.

4362

File No. _____
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) <u>Widowed</u>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Jan 2, 1933</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>					22. I HEREBY CERTIFY, That I attended deceased from <u>Oct 10th 1933, to Dec 10th 1933</u>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 1, 1848</u>					I last saw her alive on <u>Dec 10th 1933</u> Death is said to have occurred on the date stated above, at <u>4 P. M.</u>	
7. AGE	YEARS <u>84</u>	MONTHS <u>4</u>	DAYS <u>1</u>	If LESS than 1 day, _____ hrs. or _____ min.	The principal cause of death and related causes of importance were as follows: <u>Myocarditis</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>				Date of onset <u>Jan 1</u>	Date of death <u>Jan 2</u>
	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) <u>Missouri</u>						
MOTHER	13. NAME <u>David E. Croyts</u>					
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N. C.</u>					
	15. MAIDEN NAME <u>Sibbie Dowdy</u>					
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N. C.</u>					
	17. INFORMANT <u>Mrs. H. Maupin</u> (ADDRESS) <u>Bloomfield, Mo.</u>					
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bloomfield</u> DATE <u>Jan. 7, 1933</u>					
19. UNDERTAKER <u>J. A. Childs & Co</u> (ADDRESS) <u>Bloomfield, Mo.</u>						
20. FILED <u>John C. Ford</u> 19. <u>Edw. Ford</u> Registrar						
Name of operation <u>None</u> Date of _____					What test confirmed diagnosis? <u>Chamberlain</u> Was there an autopsy? <u>No</u>	
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <input checked="" type="checkbox"/> 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? <u>No</u> If so, specify _____ (Signed) <u>S. S. Davis</u> , M. D. (Address) <u>Bloomfield, Mo.</u>						

