

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

58-1933
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.

Supplement to
54541

1. PLACE OF DEATH
37 County Greene Registration District No. 318
Township _____ Primary Registration District No. 2001
City Springfield Mo 2053 East ave St. _____ Ward _____

File No. _____
Registered No. 188

2. FULL NAME Floyd Jackson
(a) Residence, No. 2053 East Ave. Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Baby

5A. IF MARRIED, WIDOWED, OR DIVORCED (HUSBAND OF OR) WIFE OF Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 7 - 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
seven weeks 1 19

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Springfield Mo

MOTHER FATHER
13. NAME Sam Jackson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Mo
15. MAIDEN NAME Gertie Breshers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

17. INFORMANT Sam Jackson
(ADDRESS) 2053 East Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Union Mount DATE Feb 27 1933

19. UNDERTAKER F. E. Thieme
(ADDRESS) Springfield Mo

20. FILED 2-27-33 R. W. Langston
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 26 1933

22. I HEREBY CERTIFY that I attended deceased from Jan 7 1933 to Feb 25 1933
I last saw him alive on Feb 25 1933. Death is said to have occurred on the date stated above at 2053 East Ave.
The principal cause of death and related causes of importance were as follows:
Infantile
Date of onset 20/83

Other contributory causes of importance:
Malnutrition

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 None
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify None
(Signed) F. E. Thieme M. D.
(Address) Springfield Mo

