

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

Do not use this space.

9881

**1. PLACE OF DEATH**

County Jackson Registration District No. 399

Township R. C. Mo. Primary Registration District No. 1007

City Cent. St. Prop # 2 (No. 1007)

File No. \_\_\_\_\_

Registered No. 1485

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(s) Residence, No. 1730 Lydga 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 Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unk. 1876?

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 56 (?) - -

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

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) Missouri (?)

13. NAME Clarence Jackson (?)

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. (?)

15. MAIDEN NAME Ellen Jackson (?)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. (?)

17. INFORMANT (ADDRESS) Person Clerk Cent. St. Prop # 2

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Jude DATE 3/31 1935

19. UNDERTAKER (ADDRESS) Wadkins Bros. Ltd. 1729 Lydga

20. FILED 3/30 1935 W. H. Perow Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-29-1933

22. I HEREBY CERTIFY, That I attended deceased from 3-2- 1933 to 3-29- 1933

I last saw him alive on 3-29- 1933 Death is said

to have occurred on the date stated above, at 1:30 AM

The principal cause of death and related causes of importance were as follows:

Endocarditis Date of onset \_\_\_\_\_

acute ulcerative

9/10

Other contributory causes of importance \_\_\_\_\_

Toxemia

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

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? No

(Specify)

(Signed) J. L. Turner M.D.

(Address) Liberal Hosp. #2

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.

