

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

Do not use this space.

1. PLACE OF DEATH

County Lewis Registration District No. 480
 Township _____ Primary Registration District No. 4289
 City La Grange (No. 43) St. _____ Ward _____

File No. 17052

Registered No. 15

2. FULL NAME Emma B. 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep. 5th 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
74 8 7

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

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) Mount Vernon (STATE OR COUNTRY) Ill.

13. NAME Joel Snell

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

15. MAIDEN NAME Liza Smith

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

17. INFORMANT E. L. Jackson (ADDRESS) La Grange, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodland DATE May 14th 19. 33

19. UNDERTAKER A. A. Roberts (ADDRESS) La Grange, Mo.

20. FILED 5/13 19. 33 W. B. Ellis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1933 to May 12, 1933
 I last saw her alive on May 12, 1933. Death is said to have occurred on the date stated above, at 1:15 A.M.
 The principal cause of death and related causes of importance were as follows:

Cholephritis
Cholelithiasis
92 A
102 A
92 A
 Other contributory causes of importance: My peritonitis

Date of onset _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? Autopsy 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? No
 If so, specify _____
 (Signed) Dr. L. E. Carr M. D.
 (Address) La Grange Mo.

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.

JUN 23 1933

