

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

Do not use this space.

1. PLACE OF DEATH

11 County Buchanan Registration District No. 86
Township Nashville Primary Registration District No. 5127
City St. Joseph No. County Infirmary

File No. 22431
Registered No. 51
St. _____ Ward _____

2. FULL NAME William Jackson

(a) Residence, No. County Infirmary 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Tish Owens
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 10, 1863
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
69 10 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
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) Montgomery Co. (STATE OR COUNTRY) Missouri

FATHER 13. NAME Levi Jackson

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Sam Jackson (ADDRESS) St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL City Cemetery PLACE St. Joseph Mo. DATE July 31 1883

19. UNDERTAKER H. O. Sidenfaden (ADDRESS) 1802 Union St. St. Joseph Mo.

20. FILED July 31, 1933 J. J. Zinschke Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1st, 1933 to July 25th, 1933
I last saw him alive on July 25th, 1933 Death is said to have occurred on the date stated above, at 2 p.m.

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

Strotatic Hypertrophy
Interstitial Nephritis
Arterio Sclerosis
Date of onset unknown

Other contributory causes of importance:

Name of operation none Date of _____

What test confirmed diagnosis? clinical 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

If so, specify _____

(Signed) A. H. Hallett M. D.
(Address) 814 Edmond St. Joseph 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.

AUG 2 1933

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