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 26 1933

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

Do not use this space.

1. PLACE OF DEATH
County Livingston — Registration District No. 1076 — File No. 23693
Township Grand River — Primary Registration District No. 5681 — Registered No. 4
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Mary Emily 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): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Benjamin Jackson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 27, 1858
7. AGE: YEARS 75 — MONTHS 5 — DAYS 20 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) (STATE OR COUNTRY): Mattoon Ill
FATHER
13. NAME: Moses C Louthan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.
MOTHER
15. MAIDEN NAME: Manerva Carter.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.
17. INFORMANT (ADDRESS): Mrs R. D. Thompson Meadville, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Meadville Mo DATE: July 19 1933
19. UNDERTAKER (ADDRESS): N. T. Thorne LaCleede Mo.
20. FILED July 24 1933 Mrs. Geo. Cox Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 17, 1933
22. I HEREBY CERTIFY, That I attended deceased from ....., 1928, to July 17, 1933
I last saw her alive on July 7, 1933. Death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	July 7 1933

Other contributory causes of importance:
Arteriosclerosis — Years
& Valvular heart insufficiency

Name of operation: no — Date of: —
What test confirmed diagnosis? Symptoms — 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: None
Nature of injury: None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) J. M. Hardy M. D.
(Address) Sumner Mo