

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

Do not use this space.

1. PLACE OF DEATH

78 County New Madrid
Township Postageville
City Hardell Mo (No. _____)

Registration District No. 1059
Primary Registration District No. 5850

File No. **24013**

Registered No. _____
St. _____ Ward _____

2. FULL NAME

Will L. Jackson

(a) Residence, No. New Madrid St., 7th Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 10 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF none

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-18-63

7. AGE 70 YEARS MONTHS 1 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Data deceased last worked at this occupation (month and year) 1-1-33 11. Total time (years) spent in this occupation all life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charkeville Miss

13. NAME Don't know

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

15. MAIDEN NAME WTV

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

17. INFORMANT (ADDRESS) J. D. Ferguson

18. BURIAL, CREMATION, OR REMOVAL PLACE Clower Hill DATE 7-16 1933

19. UNDERTAKER (ADDRESS) J. D. Ferguson

20. FILED 6-15 1933 Opal Weese Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-15 1933

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1933 to July 15, 1933
I last saw him alive on July 1, 1933 Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:
Tubercular Peritonitis Date of onset _____

Falling Malignancy of Stomach and Intestines

Other contributory causes of importance:
Malignancy

Name of operation none Date of _____

What test confirmed diagnosis? _____ 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 _____

23. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) W. H. Denton M. D.
(Address) Hardell 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.

MOUG 26 1933

