

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

Do not use this space.

**25893**

1. PLACE OF DEATH  
 19 County Coast Registration District No. 157  
 10 Township ..... Primary Registration District No. 4091  
 2. City Pleasant Hill (No. .... St. .... Ward) (No. .... Ward)

2. FULL NAME Albert Jackson  
 (a) Residence, No. .... St. .... Ward. (If nonresident, give city or town and State)  
 (Usual place of abode)  
 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.

File No. 8  
 Registered No. 24

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 12 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
60 11 18

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

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) Mo

13. NAME Nat Krause

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nat Krause

15. MAIDEN NAME Nat Krause

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nat Krause

17. INFORMANT Bessie Jackson (ADDRESS) Pleasant Hill Mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Pleasant Hill DATE Aug 26 1933

19. UNDERTAKER W. W. Murray (ADDRESS) Pleasant Hill Mo

20. FILED Aug 25 1933 J. V. Murray M.D. Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 24 1933

I HEREBY CERTIFY, That I attended deceased from July 15 1933 to Aug 24 1933  
 I last saw him alive on Aug 23 1933 Death is said to have occurred on the date stated above, at 3:00 p.m.  
 The principal cause of death and related causes of importance were as follows:

Cerebral Tumor  
General paresis  
 Other contributory causes of importance Specific

Date of onset 9

Name of operation ..... Date of .....  
 What test confirmed diagnosis? Biopsy 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? .....  
 If so, specify .....  
 (Signed) C. J. Howard ..... M. D.  
 (Address) Pleasant Hill 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.

SEP 26 1933

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