

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

Do not use this space.

26147

1. PLACE OF DEATH

39 County Greene Registration District No. 318
 3 Township _____ Primary Registration District No. 2001
 5 City Springfield (No. 5048) Campbell St. _____ Ward _____
 Registered No. 573

2. FULL NAME

(a) Residence, No. William M. Jacks St. _____ Ward _____
 (Usual place of abode) Fordland Mo (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. 35 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>?</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown</u>		
7. AGE YEARS <u>74 yrs</u>	MONTHS <u>0</u>	DAYS <u>0</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		If LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>U.S.</u>		
13. NAME <u>Wm Jacks</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>U.S.</u>		
15. MAIDEN NAME <u>unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
17. INFORMANT <u>Mrs. Carrie Westler-daughter</u> (ADDRESS) <u>524 S. Campbell</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Olive</u> DATE <u>Aug 7 1933</u> <u>Webster Co Mo</u>		
19. UNDERTAKER <u>Stacy Kelly Fordland</u> (ADDRESS)		
20. FILED <u>8-6 1933</u> <u>Ralph Langston</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

2. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 3 1933, to Aug 6 1933

I last saw him alive on Aug 5 1933 Death is said to have occurred on the date stated above, at 29 m.

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

Arterio-sclerosis

Date of onset _____ yrs.

Other contributory causes of importance:
Uremia _____ 4 days

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Ray D. Callaway M. D.
 (Address) Springfield, Mo

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

