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.

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

Do not use this space.

29719

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 29719
Township Kaw — Primary Registration District No. 3000 — Registered No. 3643
City Kansas City (No. 5700 E. 34th Street Terrace St. Ward)

2. FULL NAME Jessie Jackson
(a) Residence, No. 5700 E. 34th St. Terrace
(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 Fe.
4. COLOR OR RACE Col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 4, 1912.
7. AGE YEARS 20 MONTHS 10 DAYS 6 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) Texas.

FATHER
13. NAME Timothy Jackson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk.

MOTHER
15. MAIDEN NAME Sarah McGinty
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

17. INFORMANT (ADDRESS) John T. McGinty 5700 E. 34 St. Terrace
18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 9/14 1933
19. UNDERTAKER (ADDRESS) Watkins Bros. 1729 Lydia
20. FILED 9-14-1933 M. M. Crowe Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/10-33

22. I HEREBY CERTIFY, That I attended deceased from 9-7-1933, to 9-10-1933
I last saw her alive on 9-10-33 19 Death is said to have occurred on the date stated above, at 10 05 P. m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset

23A

Other contributory causes of importance: 23

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical X-Ray 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? No
If so, specify .....
(Signed) William A. Johnson, M. D.
(Address) 2200 E. 18th St.