

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

Do not use this space.

38762

**1. PLACE OF DEATH**

County Saline  
Township Marshall  
City..... (No.....)

Registration District No. 796  
Primary Registration District No. 6039

File No.....  
Registered No. 169  
Ward.....

**2. FULL NAME** Hardy 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 Male 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
About 54 # #

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

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) Saline County Mo.

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Lon Gabbert, Supt. County Home  
(ADDRESS) Marshall Mo.

18. BURIAL, CREMATION, OR REMOVAL Saline County Home DATE Nov. 22 1933

19. UNDERTAKER W. H. Campbell  
(ADDRESS) Marshall, Mo.

20. FILED 11/22/33 19..... Blaine Cox  
Deputy Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 19 1933 to Nov 21 1933.

I last saw him alive on Nov 21 1933. Death is said to have occurred on the date stated above, at 5:30 p.m.

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

Chromyocarditis  
34  
93C  
Syphilitic  
Date of onset 2 yr.

Other contributory causes of importance:  
Syphilitic  
Name of operation..... Date of.....  
What test confirmed diagnosis? Clinical 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) Robert D. Jones, M. D.  
(Address) Marshall

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.

WRITE PLAINLY WITH INK—THIS IS A VITAL RECORD—THIS IS NOT A STATISTICAL RECORD

