CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 26 1934

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

Do not use this space.

40710

1. PLACE OF DEATH

County Marion — Registration District No. 547 — File No.

Township ~~Mason~~ — Primary Registration District No. 3079 — Registered No. 358

City Hannibal (No. ..., ... St. ..... Ward)

St. Elizabeth Hospital

2. FULL NAME James Benjamin Jackson

(a) Residence, No. Palmyra, Mo. St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 23, 1916

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
17	0	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School Boy
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): Marion County Missouri.

FATHER

13. NAME: Forest Jackson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Marion County Missouri

MOTHER

15. MAIDEN NAME: Nellie Inlow Jackson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Marion County Missouri

17. INFORMANT (ADDRESS): Mrs. Nellie Jackson Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maywood, Mo. DATE 12/5/33 19

19. UNDERTAKER (ADDRESS): Lewis Bros Palmyra, Mo.

20. FILED Dec 4 1933 R. H. Webster Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 3, 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 26 1933, to Dec 3, 1933

I last saw him alive on Dec 3, 1933. Death is said to have occurred on the date stated above, at 1:15 p.m.

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

Ruptured Bladder from fractured pelvis in accident

Date of onset

Other contributory causes of importance:

1940
1350

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? No

If so, specify .....

(Signed) J. A. Rosell M. D.

(Address) Hannibal Mo.