

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

Do not use this space.

1. PLACE OF DEATH

7 County Bates Registration District No. 53
Township Lone Oak Primary Registration District No. 5088
City _____ (No. _____) St. _____ Ward _____

File No. 7769
Registered No. 10

2. FULL NAME Wm Riley 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (circle the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 20, 1844</u>				
7. AGE	YEARS <u>90</u>	MONTHS <u>00</u>	DAYS <u>25</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			
	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 _____	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bates Co. Missouri</u>			
	13. NAME <u>Sim Jackson</u>			
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			
	15. MAIDEN NAME <u>don't know</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>don't know</u>			
17. INFORMANT <u>Roy Powell</u> (ADDRESS) <u>Butler Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Double Branch</u> DATE <u>Mar 20, 1934</u>				
19. UNDERTAKER <u>Colvers</u> (ADDRESS) <u>Butler Mo.</u>				
20. FILED <u>Mar 18, 1934</u> _____ Registrar.				

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 17, 1934

I HEREBY CERTIFY, That I attended deceased from Mar 1930 1917 34

I last saw him alive on Mar 16, 1934 Death is said to have occurred on the date stated above, at 6 a

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

Chronic interstitial nephritis
131
137
1522
Other contributory causes of importance: 131
Chronic Prostate abscess

Name of operation none 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) L. D. Latture, M. D.

(Address) Butler, Mo.

Dorothy Allen

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.

1934

51

