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.

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH
County Callaway — Registration District No. 104 — File No. 12031
Township — Primary Registration District No. 3008 — Registered No. 79
City Fulton (No. ..., ..... St. ..... Ward)

2. FULL NAME William Jackson
(a) Residence, No. State Hosp. Fulton Mo. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 5 yrs. 8 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Colored
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)
7. AGE: 25 years. Months: DK Days: DK. If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
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) DK (STATE OR COUNTRY)

FATHER
13. NAME Robert Jackson
14. BIRTHPLACE (CITY OR TOWN) DK (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME DK
16. BIRTHPLACE (CITY OR TOWN) DK (STATE OR COUNTRY)

17. INFORMANT Records. (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL PLACE Rochefort Mo. DATE April 9, 1934
19. UNDERTAKER Howard Jennings (Auxvile) (ADDRESS)
20. FILED 4/9/ 1934 D. N. Cierer Registrar.

## MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4 - 8 - 1934

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1933, to Apr 8, 1934
I last saw him alive on 4 - 7 - 1934. Death is said to have occurred on the date stated above, at 7 A.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial Deficiency and Chr. Nephritis | |

Other contributory causes of importance:
Dementia Precox

Name of operation — Date of
What test confirmed diagnosis? — 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?
If so, specify
(Signed) R B Bridgeman Jr., M. D.
(Address) Fulton, Mo.

Dr Ormise