

MAY 25 1934

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

Do not use this space.

13883

## 1. PLACE OF DEATH

County Polk Registration District No. 702  
Township Madison Primary Registration District No. 4423  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 13883 5  
Registered No. 474 5

2. FULL NAME William Gravelly 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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Mary R Jackson</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>71 11 11</b>		
7. AGE <b>71</b>	YEARS <b>11</b>	MONTHS <b>11</b>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Farmer</b>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>Agriculture</b>
10. Date deceased last worked at this occupation (month and year) <b>about 1925</b>		11. Total time (years) spent in this occupation <b>Life</b>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Bear Creek Cedar Co Mo</b>		
13. NAME <b>James Jackson</b>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Tenn</b>		
15. MAIDEN NAME <b>Margaret Montgomery</b>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Tenn</b>		
17. INFORMANT (ADDRESS) <b>Jas W Jackson Fair Play Mo</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Lindley Prairie Cem</b> DATE <b>Apr 23, 34</b> <b>Crow and Barker</b>		
19. UNDERTAKER (ADDRESS) <b>Fair Play Mo</b>		
20. FILED _____ 19 _____ Registrar _____		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan 27, 1934 to Apr 21, 1934**  
22. I HEREBY CERTIFY, That I attended deceased from **Jan 27, 1934 to Apr 21, 1934**  
I last saw him alive on **Apr 21, 1934** Death is said to have occurred on the date stated above, at **9 P. m.**  
The principal cause of death and related causes of importance were as follows:

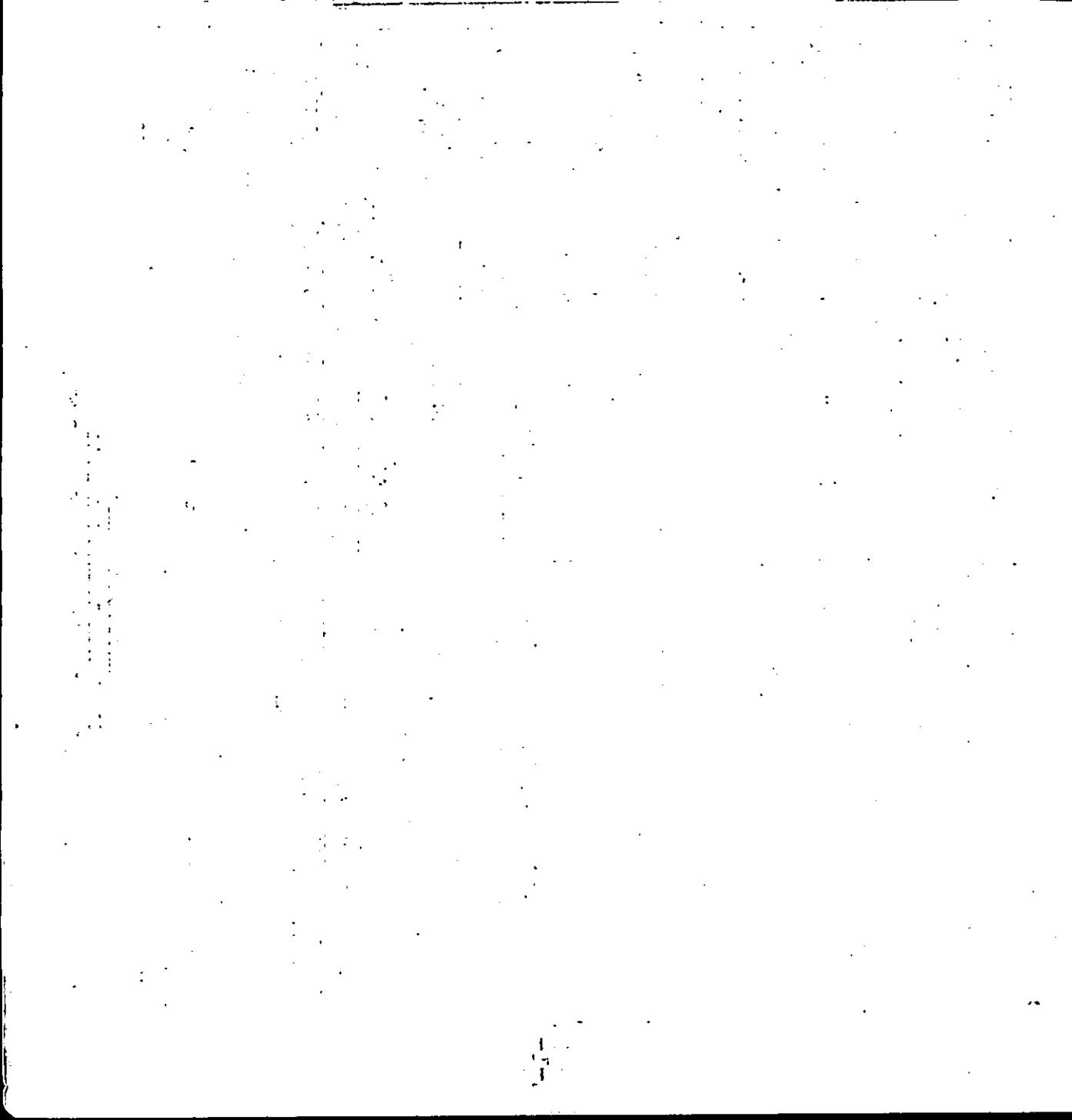
**Acute confusional mania**

Date of onset  
**2-1-34**  
**1934**

Other contributory causes of importance: **#**  
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) **Chas H Brown**, M. D.  
(Address) **Fair Play MO**



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

*April 34*  
ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Polk Registration District No. 702  
Township Madison Primary Registration District No. 4423  
City Madison (No.        St.        Ward)       

File No.         
Registered No. 3-

**2. FULL NAME**

Wm Gravelly 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5 1862

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. min.

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

FATHER  
13. NAME

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

MOTHER  
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19  

19. UNDERTAKER (ADDRESS)

20. FILED april 27 1934 L L Hunt Registrar

**MEDICAL CERTIFICATE OF DEATH**

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

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

I last saw h        alive on       , 19  . Death is said

to have occurred on the        day of       , 19   at        m.

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

*SUPPLEMENTARY*

Date of onset       

Other contributory causes of importance:

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?       

If so, specify       

(Signed)       , M. D.

(Address)

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