

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

Do not use this space.

16747

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township St. Ann

Primary Registration District No. 1002

City St. Ann City Mo

(No. 609 East 9)

File No.

Registered No.

St. Ward)

2. FULL NAME

George Wm Jackson

(a) Residence, No. 609 East 9

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U. S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

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

Louise Jackson

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

Nov-1-1875

7. AGE

YEARS 58

MONTHS 6

DAYS 29

If LESS than 1 day, hrs. or 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)

Nevada

FATHER

13. NAME

Wm Jackson

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

Unknown

MOTHER

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT (ADDRESS)

Mrs Mildred Stewart
609 East 9

18. BURIAL, CREMATION, OR REMOVAL PLACE

Glora Nills DATE May 12 1934

19. UNDERTAKER (ADDRESS)

A. P. Dogherty
1415 E 15

20. FILED

5-12 1934 M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12 1934

22. I HEREBY CERTIFY THAT the deceased passed from

I last saw him alive on 19..... Death is said

to have occurred on the date stated above, at 12:15 am

The principal cause of death and related causes of importance were as follows: Chronic Hypertension Pulmonary embolism (Date of onset 930)

Other contributory causes of importance

Name of operation

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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)

(Address)

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.

JUN 19 1934

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