AUG 29 1934

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

Do not use this space.

File No. 25467

Registered No. 190

1. PLACE OF DEATH

County: Marion — Registration District No. 547

Township: ~~Moon~~ — Primary Registration District No. 3029

City: Hannibal (No. St. Ward)

St. Elizabeth Hospital

2. FULL NAME Mildred Iola Jackson

(a) Residence, No. *almyra, 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. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 5, 1923

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
10	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: In School

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): Maywood, Mo.

FATHER

13. NAME: Forrest B. Jackson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Maywood, Mo.

MOTHER

15. MAIDEN NAME: Nellie Inlow Jackson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Philadelphia Missouri

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

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Maywood, Mo. DATE: July 3, 1934

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

20. FILED July 3, 1934 R. H. Schroeter, Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1934, to July 1, 1934

I last saw ~~h~~ alive on July 1, 1934. Death is said to have occurred on the date stated above, at 4 p.m.

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

	Date of onset
Ruptured Appendix	
121A	
130B	
126	

Other contributory causes of importance:

Chronic Pneumonitis

Name of operation: Appendectomy Date of op. June 30

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) [illegible], M. D.

(Address) Palmyra, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

100M-11-24-33