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

OCT 6 1934

Do not use this space.

File No. 33528

Registered No.

Registration District No. 605

Primary Registration District No. 5804

1. PLACE OF DEATH
County New Madrid
Township Como
City Parma (No. , St. Ward)

2. FULL NAME Lucy 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: Fem
4. COLOR OR RACE: Blk.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 12-10-65

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
69	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework.
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 COUNTY): Miss.

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Unknown

17. INFORMANT (ADDRESS): Fannie Thompson, Parma Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Parma DATE 9-2 1934

19. UNDERTAKER (ADDRESS): Hull Bros, Gilbourn Mo

20. FILED 9/2 1934 D. Gerald Hustis, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 9-1 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1934, to Sept 1st, 1934

I last saw her alive on Aug 8, 1934. Death is said to have occurred on the date stated above, at 11 P m.

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

	Date of onset
Result of fall	
Possible internal injury	
Other contributory causes of importance:	
Senile	11

Name of operation: None Date of:
What test confirmed diagnosis: None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Aug 7, 1934
Where did injury occur? Parma Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: Fall from bridge
Nature of injury: Possible internal injuries

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Geo W Hustis, M. D.
(Address) Parma 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