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

Do not use this space.

JAN 1 8 1935

1. PLACE OF DEATH

County: Mississippi — Registration District No.: 566 — File No.: 40073

Township: ~~Charleston~~ — Primary Registration District No.: 3030 — Registered No.: 173

City: Charleston (No. ..... St. ..... Ward)

2. FULL NAME Tennessee Jackson

(a) Residence, No. Charleston Mo St., 413 Cleveland 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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 28, 1858

7. AGE: Years 76 | Months 8 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farming
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): Charleston Missouri

FATHER

13. NAME: Alec Jackson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Indiana

MOTHER

15. MAIDEN NAME: Mary Cooper
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Mississippi

17. INFORMANT (ADDRESS): Jesse J. Jackson Charleston, Mo

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Oak Grove — DATE: Nov 20th, 1934

19. UNDERTAKER (ADDRESS): Frank Lay Funeral Service Charleston, Mo.

20. FILED: Dec 31st, 1934 F. O. Vernon, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 18, 1934 11:55 P.M.

22. I HEREBY CERTIFY, That I attended deceased from July, 1934, to Nov. 18, 1934, that I last saw him alive on Nov 16, 1934. Death is said to have occurred on the date stated above, at 11:55 P.M. The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	July 1934
93D	
93D1	

Other contributory causes of importance: None

Name of operation: — Clinical Date of:
What test confirmed diagnosis? Symptoms 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? No.
If so, specify

(Signed) A. W. Chapman, M. D.
(Address) Charleston 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.