

JAN 22 1935

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

Do not use this space.

L

1. PLACE OF DEATH

County Jackson
Township Praine
City Jackson (No. _____)

Registration District No. 400
Primary Registration District No. 5553B

File No. 43327
Registered No. 268
St. _____ Ward _____

2. FULL NAME

(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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 13 1902</u>		
7. AGE	YEARS	MONTHS
<u>32</u>	<u>5</u>	<u>9</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>J. Womer</u>		
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		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-22 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1934, to Dec 22, 1934
I last saw him alive on 12-20, 1934. Death is said to have occurred on the date stated above, at 5 A. m.
The principal cause of death and related causes of importance were as follows:
Pulmonary tuberculosis
231
22
Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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) J. H. Green, M. D.
(Address) Independence, Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Ernest Jackson

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

15. MAIDEN NAME _____

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

17. INFORMANT Ernest Jackson
(ADDRESS) 712 E. 1st

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mount Washington DATE Dec 24 1934

19. UNDERTAKER George Jackson
(ADDRESS) 101 No. Walnut S. Ind.

20. FILED Dec 24 1934 William J. Fields
Registrar.

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

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.

