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.

MAR 27 1935

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

Do not use this space.

5974

File No. 8

Registered No. 2

1. PLACE OF DEATH

County: Linn — Registration District No. 500

Township: ~~Jefferson~~ — Primary Registration District No. 4303

City: La Plede (No. ..... St. ..... Ward)

2. FULL NAME: Thomas Gamble Jackson

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Susan Elizabeth Somerville

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 20, 1852

7. AGE: Years 83 — Months 0 — Days 6 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Jackson's Corners, Sullivan, Co.

FATHER

13. NAME: Wm Jackson

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

MOTHER

15. MAIDEN NAME: Jane

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

17. INFORMANT (ADDRESS): Mrs Alma B. Bush, Copeland, Kans.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Elm Wood — DATE: Feb. 28, 1935

19. UNDERTAKER (ADDRESS): N. G. Threne, La Plede, Mo.

20. FILED: Feb 27, 1935 — Geo O Plowman, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from called after death 7:30 A.M. Feb 26, 1935

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7:00 A.m.

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

	Date of onset
Expired suddenly	
Coronary sclerosis	
946	

Other contributory causes of importance:

Name of operation ..... Date of .....

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? No

If so, specify .....

(Signed) Wm F. LaMance, M. D.

(Address) Laclede, Mo.