WHITE 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.

APR 1 5 1935

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

Do not use this space.

8241

1. PLACE OF DEATH

County Butler — Registration District No. 89 — File No.

Township — Primary Registration District No. 3007 — Registered No. 59

City Poplar Bluff (No. Brandon Hospital St. Ward)

2. FULL NAME Robert Miles Jackson

(a) Residence, No. 1315 N. Main, 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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 20, 1934

7. AGE — YEARS: 0 — MONTHS: 6 — DAYS: 2 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) Poplar Bluff Mo

FATHER

13. NAME William Jackson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liberty Mo

MOTHER

15. MAIDEN NAME Lillian Swift

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

17. INFORMANT (ADDRESS) William Jackson Poplar Bluff

18. BURIAL, CREMATION, OR REMOVAL PLACE Poplar Bluff DATE 3-24-35 19

19. UNDERTAKER (ADDRESS) Frank Undertaking Co. Poplar Bluff

20. FILED 3-24 1935 O. C. Cutsinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-22, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/13, 1935, to 3/22, 1935

I last saw him alive on 3/22, 1935. Death is said to have occurred on the date stated above, at 6.44 p.m.

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

	Date of onset
Bronchopneumonia	3-8-35

Other contributory causes of importance: Pertussis

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) S. S. Clay, M. D.

(Address) Poplar Bluff Mo