APR 22 1935

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

Do not use this space.

11976

File No. 11976
Registered No. 405

1. PLACE OF DEATH

County Buchanan — Registration District No. 85
Township ~~Washington~~ — Primary Registration District No. 1001
City St. Joseph, Mo. (No. 1316 Sacramento St. ..... Ward)

2. FULL NAME Joseph M. Jackson

(a) Residence, No. 1316 Sacramento St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 45 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: Mary D. Jackson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 18, 1867

7. AGE: YEARS 67 — MONTHS 4 — DAYS 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
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) March 1930
11. Total time (years) spent in this occupation 15

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

FATHER
13. NAME: John Jackson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Kentucky

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, France

17. INFORMANT (ADDRESS): William F. Jackson, Lawrence, Kansas.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cem. DATE April 3 1935

19. UNDERTAKER (ADDRESS): Heaton - Bergola - Bowman, 319 S. 10th St. Funeral Home

20. FILED 4-8 1935 John R Bender, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/6, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/6, 1935, to 4/6, 1935
I last saw ~~him~~ alive on 4/6, 1935. Death is said to have occurred on the date stated above, at 6:45 p.m.
The principal cause of death and related causes of importance were as follows:

Acute Myocarditis — Date of onset: unknown

Other contributory causes of importance: no

Name of operation none — 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? no — 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. F. Stamey, M. D.
(Address) 2624 St. Joseph Ave.

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.

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92