

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

Do not use this space.

MAY 23 1935

12112

1. PLACE OF DEATH

County Callaway Registration District No. 104
 Township _____ Primary Registration District No. 3008
 City Sulton (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 101

2. FULL NAME

Oda Klattie Jackett
 (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 X 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF G. F. Jackett
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10, 1861
 7. AGE YEARS 73 MONTHS 11 Days 10 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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) Louisville Kentucky
 13. NAME D. K.

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D. K.

MOTHER 15. MAIDEN NAME D. K.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D. K.

17. INFORMANT Mrs. Luther Mahoney (ADDRESS) Sulton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hillcrest Cemetery April 22, 1935

19. UNDERTAKER Leg. J. Wallace (ADDRESS) Sulton, Mo.
 20. FILED Apr. 22 1935 R. N. Crew Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1935 to April 22, 1935
 I last saw her alive on April 17, 1935. Death is said to have occurred on the date stated above, at 9:30 p.m.

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

Bronchopneumonia
(Both lungs)
(organism unknown)
93/10

Other contributory causes of importance: chr. myocarditis
senility

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? _____ 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) Newey D. ... M. D.
 (Address) 503 1/2 Court St., Sulton, 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.

