

MAY 29 1935

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

Do not use this space.

13383
33

1. PLACE OF DEATH

County Lafayette
Township Lexington.
City Henry S. Jackson (No. _____)

Registration District No. 461Primary Registration District No. 3024

File No. _____

Registered No. _____

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>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mamie Jackson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 27, 1875.</u>		
7. AGE	YEARS	MONTHS
	<u>60</u>	
		DAYS
		<u>20</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Coal miner</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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Independence, Mo.</u>		
FATHER	13. NAME <u>Not known</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>	
MOTHER	15. MAIDEN NAME <u>Not known</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>	
17. INFORMANT <u>Mamie Jackson</u> (ADDRESS) <u>Lexington Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lexington, Mo.</u> DATE <u>April 20, 1935</u>		

OCCUPATION

MOTHER FATHER

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>April 17, 1935</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Dec. 26, 1935</u> to <u>April 17, 1935</u> I last saw him alive on <u>17th April, 1935</u> Death is said to have occurred on the date stated above, at <u>11:55 pm.</u> The principal cause of death and related causes of importance were as follows: <u>Cerebral apoplexy.</u> <u>Chronic Valvular Les (Heart).</u> Date of onset _____
Other contributory causes of importance: <u>920</u>
Name of operation _____ Date of _____ What test confirmed diagnosis? <u>Exam.</u> Was there an autopsy? <u>no.</u>
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? <u>no.</u> If so, specify _____ (Signed) <u>G. D. West</u> , M. D. (Address) <u>Lexington, Mo.</u>

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.

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

