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

Do not use this space.

MAY 25 1935

16276

1. PLACE OF DEATH
County Hickory
Township
City Preston (No. ..... St. ..... Ward)
Registration District No. 364
Primary Registration District No. 5509
File No.
Registered No. 5

2. FULL NAME Jessie Jackson
(a) Residence, No. Preston St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 40 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: Cicie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 1 1876

7. AGE: YEARS 59 MONTHS 4 DAYS 14 — If LESS than 1 day, 1.30 hrs. or 4 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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): Missouri

FATHER
13. NAME: Wm Jackson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N. C.

MOTHER
15. MAIDEN NAME: Bettie Huffman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): Cicie Jackson Preston Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fisher DATE May 12, 1935

19. UNDERTAKER (ADDRESS): R. Lucky Wheatland Mo

20. FILED May 11, 1935 J M Robertson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1935, to May 10, 1935
I last saw him alive on May 9, 1935. Death is said to have occurred on the date stated above, at 1.30 a.m.
The principal cause of death and related causes of importance were as follows:
Pericarditis with Effusion.
Date of onset
Other contributory causes of importance: Pleurisy with effusion

Name of operation: None Date of —
What test confirmed diagnosis? Exam 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) J. L. Johnston, M. D.
(Address) Wheatland, 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.

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