

LEUL 18 1935

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

Do not use this space.

19111

1. PLACE OF DEATH

County Callaway Registration District No. 104
Township Primary Registration District No. 3008
City Fulton (No., St. Ward)

File No.
Registered No. 138

2. FULL NAME Jackson, Pearl

(a) Residence, No. State Hospital 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. 2 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Della Jackson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 16, 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
37 10 3

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

MOTHER FATHER 13. NAME Henry H. Jackson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Emma Bane

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Hospital Records (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL Buried in grave, June 22, 1935

19. UNDERTAKER Mrs. Grace Paul (ADDRESS) Buried in grave, June 19, 1935

20. FILED June 19, 1935 R. A. Crews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 17th, 1935, to June 19, 1935.
I last saw him alive on June 19th, 1935. Death is said to have occurred on the date stated above, at 8:30 am.

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

Maniacal exhaustion Date of onset
24
Other contributory causes of importance hypertension, meningitis, encephalitis

Name of operation none Date of
What test confirmed diagnosis? Was 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) Thos. A. Hopkins, M. D.
(Address) Fulton, 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.

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