

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.

Dr. Jew JUL 25 1935

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

Do not use this space.

20484

1. PLACE OF DEATH

County New Madrid
Township St. Anthony
City St. Anthony (No. 48)

Registration District No. 667
Primary Registration District No. 5903

File No. _____
Registered No. 36 St. _____ Ward _____

2. FULL NAME

Freda Rebecca Jackson

(a) Residence, No. New Madrid, Mo. 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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16 1915
7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
19 11 5

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. Keeping House
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) East Prairie, Mo.

FATHER 13. NAME James Robert Hendricks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME _____
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) Dan G. Jackson East Prairie, Mo. Sta Rt.

18. BURIAL, CREMATION, OR REMOVAL PLACE Daywood DATE 6/22 35

19. UNDERTAKER (ADDRESS) Maris N. Shelby East Prairie, Mo.

20. FILED June 21 1935 Cliff W. Hodges Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from March 25 1935 to June 19 1935

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at 11:15 p. m.

The principal cause of death and related causes of importance were as follows: Chronic Myocarditis Date of onset _____

Other contributory causes of importance _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
If so, specify _____
(Signed) George W. Whitakers, M. D.
(Address) East Prairie, Mo.

JAN 24 1949