

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.

JUL 29 1935

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

Do not use this space.

21815

1. PLACE OF DEATH
 98 County Schuyler Registration District No. 805
 Township Liberty Primary Registration District No. 6050
 City (No. _____) St. _____ Ward _____

File No. 54
 Registered No. _____

2. FULL NAME Harvey Jackson
 (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>m</u> | 4. COLOR OR RACE <u>w</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>w.</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 11-1842</u> | | |
| 7. AGE | YEARS <u>93</u> | MONTHS <u>5</u> |
| | DAYS <u>10</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>Retired</u> | 11. Total time (years) spent in this occupation |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Harmer</u> | |
| | 10. Date deceased last worked at this occupation (month and year) | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lewis Co Mo.</u> | | |
| FATHER | 13. NAME <u>Wesley Jackson</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u> | |
| MOTHER | 15. MAIDEN NAME <u>Unknown</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) | |
| 17. INFORMANT <u>Wesley Jackson</u> (ADDRESS) | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Campground</u> DATE <u>June 22, 1935</u> | | |
| 19. UNDERTAKER <u>Lloyd Moore</u> (ADDRESS) <u>Lawrence, Mo.</u> | | |
| 20. FILED <u>June 22, 1935</u> <u>Byrd W. Drake</u> Registrar | | |

MEDICAL CERTIFICATE OF DEATH

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

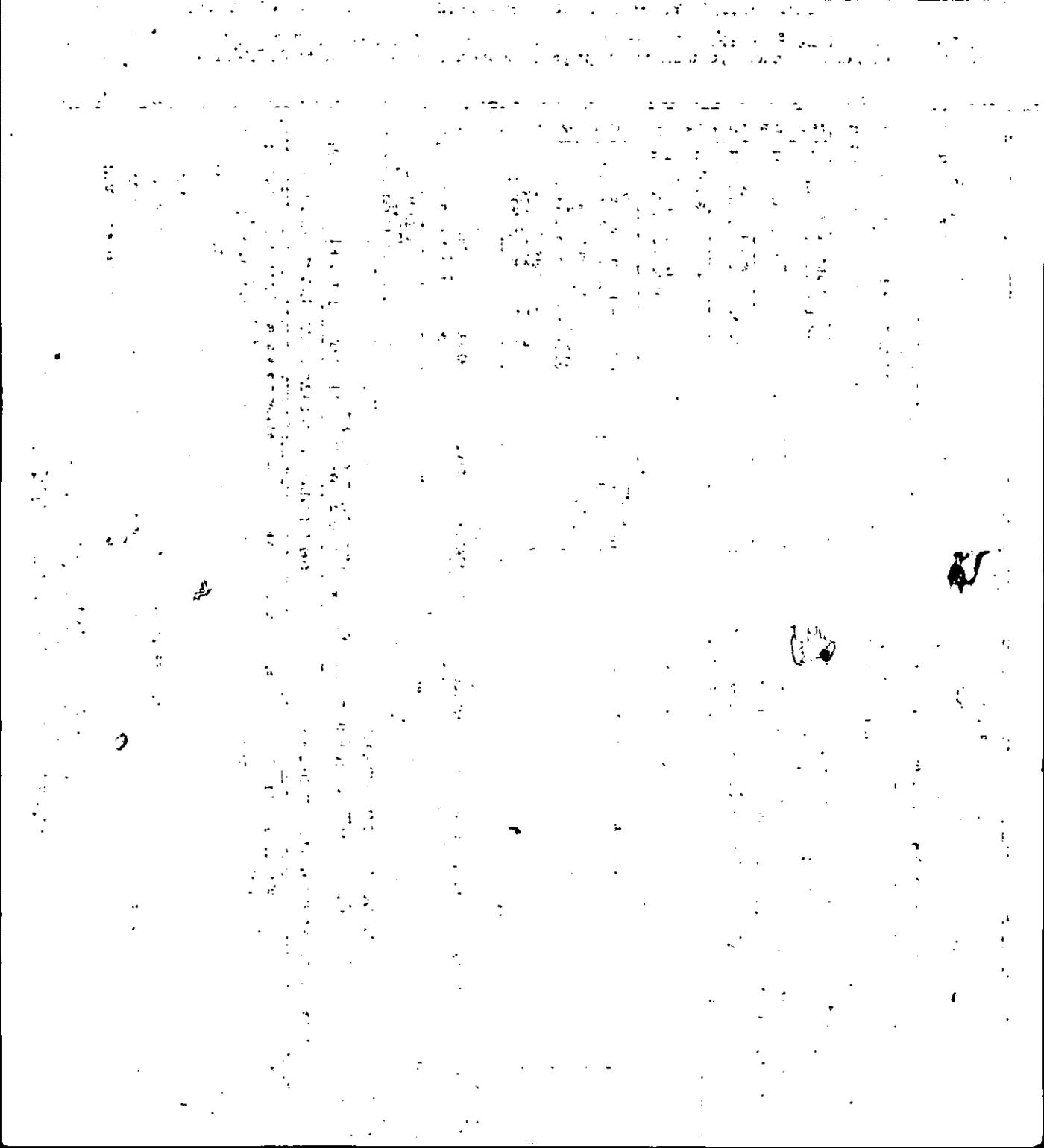
22. I HEREBY CERTIFY, That I attended deceased from June 1, 1935 to June 21, 1935.
 I last saw him alive on June 18, 1935. Death is said to have occurred on the date stated above, at 7 P. M.
 The principal cause of death and related causes of importance were as follows:
Dehydration
Chronic Jaundice
 Other contributory causes of importance:
Dehydration
Old age

Name of operation _____ Date of _____
 What test confirmed diagnosis _____ 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) Carl T. Hamilton D. O.
 (Address) Lancaster, Mo.



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RECEIVED