

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

Do not use this space.

SEP 16 1935

791
1003

25131

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City *Hadrian* (No. *City Hospital #2*)

File No.....
Registered No. **6641**
St..... Ward.....

2. FULL NAME

(a) Residence, No. *2343 Ganges* *22* Ward.
(Usual place of abode)
Length of residence in city or town where death occurred *46* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|--|--|
| 3. SEX <i>Male</i> | 4. COLOR OR RACE <i>Negro</i> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Widowed</i> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Aileen Jackson</i> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>7-4-1889</i> | | |
| 7. AGE | YEARS <i>46</i> | MONTHS <i>0</i> |
| | DAYS <i>27</i> | if LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Nil</i> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>retired laborer</i> | |
| | 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) <i>Kansas City Mo.</i> | | |
| FATHER | 13. NAME <i>Unknown Jackson</i> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo.</i> | |
| MOTHER | 15. MAIDEN NAME <i>Caroline G Moore</i> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo.</i> | |
| 17. INFORMANT (ADDRESS) <i>Father W. Shepard 2945 Rawton Ave</i> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <i>Hadrian Mo. 8/3 1935</i> | | |
| 19. UNDERTAKER (ADDRESS) <i>Engelhardt & Co. 2945 Rawton Ave</i> | | |
| 20. FILED <i>Aug - 3 1935 J. F. Bredeck Registrar.</i> | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *7-31-1935*

22. I HEREBY CERTIFY, That I attended deceased from *7-15-1935* to *7-31-1935*
I last saw him alive on *7-31-1935*. Death is said to have occurred on the date stated above, at *3:50 P.M.*
The principal cause of death and related causes of importance were as follows:
Coronary Disease
34
Other contributory causes of importance:
Arter

Name of operation..... Date of.....
What test confirmed diagnosis? *Arterio* 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?
If so, specify.....
(Signed) *James B. Payne*, M. D.
(Address) *2945 Rawton Ave*

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.

