

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.

SEP 18 1935

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

Do not use this space.

25681

1. PLACE OF DEATH

County Buchanan  
Township St Joseph  
City St Joseph (No. 1406 So. 14th)

Registration District No. 81  
Primary Registration District No. 14

File No. 900  
Registered No. 900  
St.      Ward     

2. FULL NAME

William Jackson  
(a) Residence, No. 1406 So. 14th St.,      Ward.

(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 Male 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 divorced

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16 - 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
61 2 13

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) West Indies Islands

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Anna Hodges  
1406 So. 14th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE 8/31/35

19. UNDERTAKER (ADDRESS) Rausch's Mortuary  
9th & Olive Sts.

20. FILED 8-31-1935 John R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 29, 1935

22. I HEREBY CERTIFY, That I attended deceased found on  
Aug 30, 1935, to     , 19    

I last saw      alive on      19    . Death is said to have occurred on the date stated above, at 12:50 P.M.

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

Carcinoma of Rectum Date of onset     

Other contributory causes of importance: 460

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

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? Yes

If so, specify Coroner

(Signed) Forrest Thomas, M. D.  
(Address) 731 Jaraon

