

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.

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

Do not use this space.

30458-1

PLACE OF DEATH  
County Reynolds Registration District No. 954  
Township Carroll Primary Registration District No. 5979a  
City (No. ) St. Ward  
2. FULL NAME Marguerett Emily 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

MEDICAL CERTIFICATE OF DEATH

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 25, 1858  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
77 2  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. no work  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none  
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) Centerville, Mo.  
13. NAME James Brownover  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
15. MAIDEN NAME Eliza Davis  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reynolds Co., Mo.  
17. INFORMANT (ADDRESS) Mail  
18. BURIAL, CREMATION, OR REMOVAL PLACE west fork DATE Oct 22 1935  
19. UNDERTAKER (ADDRESS)  
20. FILED Dec 24 1935 D. P. Bush Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 27 1935  
22. I HEREBY CERTIFY, That I attended deceased from Sept. 18, 1935 to Sept. 27, 1935  
I last saw h. or alive on Sept. 18, 1935. Death is said to have occurred on the date stated above, at 7:00 a.m.  
The principal cause of death and related causes of importance were as follows:  
Mitral Regurgitation Date of onset  
Other contributory causes of importance:  
AW  
Name of operation none 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? no  
If so, specify  
(Signed) L. P. Henson, M. D., M. D.  
(Address) Becker, Mo.

