

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.

NOV 19 1935

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

Do not use this space.

32179

## 1. PLACE OF DEATH

County Christian  
Township Logan  
City (No. \_\_\_\_\_, \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 183  
Primary Registration District No. 5-2-5-3

File No. \_\_\_\_\_  
Registered No. 14

2. FULL NAME Dora Jackson

(a) Residence, No. Nixa Mo. R. 1 St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Jackson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 18 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
38 9 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

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) Missouri

13. NAME Andrew Jackson

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

15. MAIDEN NAME May Kimberlin

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

17. INFORMANT Mr Charles Jackson  
(ADDRESS) Nixa Rout

18. BURIAL, CREMATION, OR REMOVAL

PLACE McMonnell DATE Oct 3 1935

19. UNDERTAKER T. W. Maples  
(ADDRESS) Clever Mo

20. FILED Nov. 12 1935 Ida B. Hawkins  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 7 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 15 1935 to Oct 7 1935

I last saw him alive on Oct 7 1935 Death is said to have occurred on the date stated above, at 3:30 a.m.

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

Terminal Peritonitis, Sepsis Date of onset Aug 15 1935

Other contributory causes of importance Pre-existing Abscess Aug 1 1935

Name of operation Abscess drained Date Aug 16 1935

What test confirmed diagnosis? Culture of abscess 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) J. B. Newton, M. D.

(Address) Nixa Mo.

