

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

Do not use this space.

JAN 21 1936

42325

1. PLACE OF DEATH

County North
Township Union
City Shannon

Registration District No. 904
Primary Registration District No. 4546

File No.
Registered No.
St. Ward

2. FULL NAME

(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 Male 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 Ellen Peyton Jackson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 26, 1861
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 - 7 14

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) St. Joseph, Mo.

FATHER MOTHER

13. NAME Wm. Jackson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
15. MAIDEN NAME Elizabeth Keir
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) C. A. Jackson, Shannon, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Friendship, Ind. Dec 6, 1935

19. UNDERTAKER (ADDRESS) Long & Sons, Shannon, Mo.

20. FILED Dec. 6, 1935 Myra O. H. Bond Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1935, to Dec 4, 1935

I last saw him alive on Oct 4, 1935. Death is said

to have occurred on the date stated above, at 12:25 a.m.

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

mitral insufficiency Date of onset

Other contributory causes of importance:

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? none 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) A. C. Long, M. D.

(Address) Shannon, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

