

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.

MAR 17 1936

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

Do not use this space.

5056

1. PLACE OF DEATH

County Chariton Registration District No. 174  
Township St. Charles Primary Registration District No. 5241  
City (No. ) Ward

2. FULL NAME

Rula Trausse Jackson  
(a) Residence, No. 51 Ward           
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. 8 mos.          ds. How long in U. S., if of foreign birth? yrs.          mos.          ds.

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 → Oscar Jackson  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16 1881  
7. AGE YEARS 54 MONTHS 7 DAYS 24 If LESS than 1 day,          hrs. or          min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife  
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) Chariton Co (STATE OR COUNTRY) Mo

13. NAME John Burnham

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

15. MAIDEN NAME Afterbury

16. BIRTHPLACE (CITY OR TOWN) Don't know (STATE OR COUNTRY)

17. INFORMANT Oscar Jackson (ADDRESS) Marshall Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Int. Chert DATE Feb. 12 1936

19. UNDERTAKER Jas M. Knight (ADDRESS) Marshall Mo

20. FILED Feb 19 1936 O. D. Strator Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 10 1936  
22. I HEREBY CERTIFY, That I attended deceased from Feb 10 1936 to Feb 10 1936  
I last saw h alive on found dead, 19          Death is said to have occurred on the date stated above, at          m.  
The principal cause of death and related causes of importance were as follows:

Acute Cardiac Deletation Date of onset Feb 10

Other contributory causes of importance: Exposure (Cold)

Name of operation          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?           
If so, specify           
(Signed) M. K. DeKraeger, M. D.  
(Address) Marshall Mo

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