

MAR 23 1936

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

Do not use this space.

1. PLACE OF DEATH

County Lafayette
Township ..
City Higginsville Mo. (No., St. Ward)

Registration District No. Y60
Primary Registration District No. 4274

File No. 6578
Registered No.

2. FULL NAME Mrs. Nannie L. Jackman

(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 <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Thomas J. Jackman (deceased)</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 20, 1856</u>		
7. AGE	YEARS <u>79</u>	MONTHS <u>10</u>
	DAYS <u>-</u>	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) Saline County, Mo.
(STATE OR COUNTRY)13. NAME W. W. Arnett,14. BIRTHPLACE (CITY OR TOWN) Danville, Virginia
(STATE OR COUNTRY)15. MAIDEN NAME Elisabeth Cundiff16. BIRTHPLACE (CITY OR TOWN) Summerset, Kentucky
(STATE OR COUNTRY)17. INFORMANT Mrs. A. E. Foster
(ADDRESS) Higginsville Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cemetery DATE Feb. 23, 3619. UNDERTAKER A. H. Hader
(ADDRESS) Higginsville, Mo.20. FILED Feb 24 1936 M. M. M. M.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 20, 1936
22. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1936, to Feb. 20, 1936, 19
I last saw her alive on Feb. 12, 1936 Death is said to have occurred on the date stated above, at 5:00 P.M.
The principal cause of death and related causes of importance were as follows:

Uremia
Chronic Nephritis

Date of onset

Other contributory causes of importance
Senile Dementia

Name of operation Date of
What test confirmed diagnosis? Physical 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) W. A. Brasche, M. D.
(Address) Higginsville, 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.

