

MAR 24 1936

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

Do not use this space.

7214

1. PLACE OF DEATH

County Platte  
Township Preston  
City (No. ....) (No. ....) St. .... Ward)

Registration District No. 693  
Primary Registration District No. 5920

File No. ....  
Registered No. ....

2. FULL NAME

John S. Jackson  
(a) Residence, No. .... 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 18-1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
77 5 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming  
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) Clay Co. Missouri

13. NAME John Jackson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co. Kentucky

15. MAIDEN NAME Katherine Griffith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co. Kentucky

17. INFORMANT Frank Jackson (ADDRESS) Edgerton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ridley Cem. DATE Feb 7-36 1936

19. UNDERTAKER Walter Davis (ADDRESS) Deaton Mo.

20. FILED 3/5 1936 Virvan R. Nash Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 4 1936

22. I HEREBY CERTIFY, That I attended deceased from never, 19    , to never, 19    .

I last saw h..... alive on..... Death is said to have occurred on the date stated above, at 7:50 P. m.

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

Probable Myocarditis  
which suddenly withdr  
medical attention

Date of onset

unknown

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? No 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) S. L. Dushern  
(Address) Deaton Mo. Clay County

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.

