

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.

APR 23 1936

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

Do not use this space.

10877

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
 Township Wagon Primary Registration District No. 10-2 Registered No. 1552
 City Kansas City (No. Kansas City General Hospital) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3120 E. 12th 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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laura E Jackson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-10-1858
 7. AGE YEARS 77 MONTHS 11 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Carpenter
 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) Massena

13. NAME John Jackson

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

15. MAIDEN NAME Henrietta

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

17. INFORMANT Recess Kalkin
 (ADDRESS) K. General Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Seaside Mo. DATE 3/23/36

19. UNDERTAKER Stine - McClure
 (ADDRESS) Kansas City Mo.

20. FILED Mar 22, 1936 M. M. Brown
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-21-36

22. I HEREBY CERTIFY, That I attended deceased from 3-18-36 to 3-21-36
 I last saw him alive on 3-21-36 Death is said to have occurred on the date stated above, 9:59 a.m.

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

Chamycarditis
Bronchopneumonia
936

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis Culper Was there an autopsy yes

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) Russell W. Fern, M. D.
 (Address) St. Louis

