

APR 20 1936

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

Do not use this space.

11096

1. PLACE OF DEATH

County Jackson  
Township Boone  
City Ste. Genevieve

Registration District No. 420  
Primary Registration District No. 5553B

File No. \_\_\_\_\_  
Registered No. 67  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Anna 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>unk</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unk</u>		
7. AGE YEARS <u>about 90</u>	MONTHS	DAYS
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>unemployed</u>		
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) <u>Kentucky</u>		
13. NAME <u>Dont Know</u>		
14. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) <u>Dont Know</u>		
15. MAIDEN NAME <u>Dollie Madison</u>		
16. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) <u>Kentucky</u>		
17. INFORMANT (ADDRESS) <u>County Name Records</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Maple Hill</u> DATE <u>Argentine Kans</u> 19 <u>36</u>		
19. UNDERTAKER (ADDRESS) <u>Flynn + Sheer Street</u>		
20. FILED <u>Feb 24 1936</u> <u>William J. Fields</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-19-36 1936

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1936, to March 19, 1936

I last saw her alive on March 19, 1936. Death is said to have occurred on the date stated above, at 11:45 a.m.

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

Cerebral Hemorrhage

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Spec. Exam. 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 3-19-36, 1936  
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) J. W. Booker M. D.  
(Address) 2028 - Vine St.

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.

