Bur APR 23 1936

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

Do not use this space.

File No. 11980
Registered No. 28

1. PLACE OF DEATH
County: Polk
Township: Marion
City: (No. , St. Ward)
Registration District No. 701
Primary Registration District No. 5930

2. FULL NAME: Robert Emmett Jackson
(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: 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: Hallie Jackson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 31-1885

7. AGE: Years 50 Months 2 Days 13 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: farmer
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): Marshfield, Mo.

FATHER
13. NAME: Jas. H. Jackson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

MOTHER
15. MAIDEN NAME: Letha J. Davis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Elkland Mo

17. INFORMANT (ADDRESS): Joe Jackson

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Timber Ridge DATE: March 15, 1936

19. UNDERTAKER (ADDRESS): Hutchison + Blue Bolivar Mo

20. FILED: Mch 15, 1936 J. F. Robert Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936, to Mar 13, 1936
I last saw him alive on Mar 1, 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:

	Date of onset
Articular Rheumatism	
560	

Other contributory causes of importance:

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) J. H. Bridges, M. D.
(Address) Bolivar 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD