

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

Do not use this space.

**JUN 7 1936**

**18790**

**1. PLACE OF DEATH**

County Cape Registration District No. 131  
 Township Cape Girardeau Primary Registration District No. 3009  
 City Cape Girardeau (No. 1) C. M. St. Hospital St. 163 Ward

**2. FULL NAME**

William Frazer Jackson (If nonresident, give city or town and State)  
 (a) Residence, No. Bekester Mo. Ward. Stephens name  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 1 1/2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word) <u>Child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED (with the word) HUSBAND-OR (OR) WIFE-OF <u>Child</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 4 - 1922</u>		
7. AGE	YEARS <u>14</u>	MONTHS <u>2</u>
	DAYS <u>12</u>	IF LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child

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) Ky.

FATHER

13. NAME Walter Frazer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER

15. MAIDEN NAME Effie Willis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT (ADDRESS) Walter Jackson Bekester Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bekester Mo. DATE May 18, 1936

19. UNDERTAKER (ADDRESS) Arden Eeles Bekester Mo.

20. FILED 5-16-36 J.M. Thompson Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/16, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/8, 1936, to 5/16, 1936  
 I last saw him alive on 5/16, 1936. Death is said to have occurred on the date stated above, at 4:00 P.M.  
 The principal cause of death and related causes of importance were as follows:

Appendicitis

Date of onset

Other contributory causes of importance:  
Sab p/pe renie @ #650255  
Opine Veterinary 5/9/36

Name of operation Opine Veterinary Date of 5/9/36  
 What test confirmed diagnosis?  Was there an autopsy? 1/36

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) W. Smith, M. D.  
 (Address) Cape Girardeau Mo.

WRITE PEAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

