

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

Do not use this space.

NOV 20 1936

36865

1. PLACE OF DEATH  
 County Butler Registration District No. 89  
 Township Poplar Bluff Primary Registration District No. 3007  
 City Poplar Bluff (No.         ) St.          Ward         

2. FULL NAME Cleta Myrtle Jackson  
 (a) Residence, No.          St.          Ward Bloomfield Mo  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 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 Lester Jackson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 23 - 1916

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
20 6 0

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinster, sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home  
 10. Date deceased last worked, at this occupation (month and year) 10/20/36 11. Total time (years) spent in this occupation         

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoddard Co Mo

MOTHER FATHER  
 13. NAME Ellis Parmenter  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoddard Co Mo  
 15. MAIDEN NAME Lina Davis  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoddard Co Mo

17. INFORMANT Eliabeth Parmenter  
 (ADDRESS) 2 Bloomfield Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bloomfield Mo DATE 10/24 1936

19. UNDERTAKER Libbess and Co  
 (ADDRESS) Poplar Bluff Mo

20. FILED 10/23 1936 Obtuseider  
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 23 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 22 1936 to Oct. 23 1936  
 I last saw her alive on Oct 23 1936 Death is said to have occurred on the date stated above, at 11:00 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Eclampsia  
hypertension  
hypertension  
 Date of onset Oct 1936

Other contributory causes of importance: None

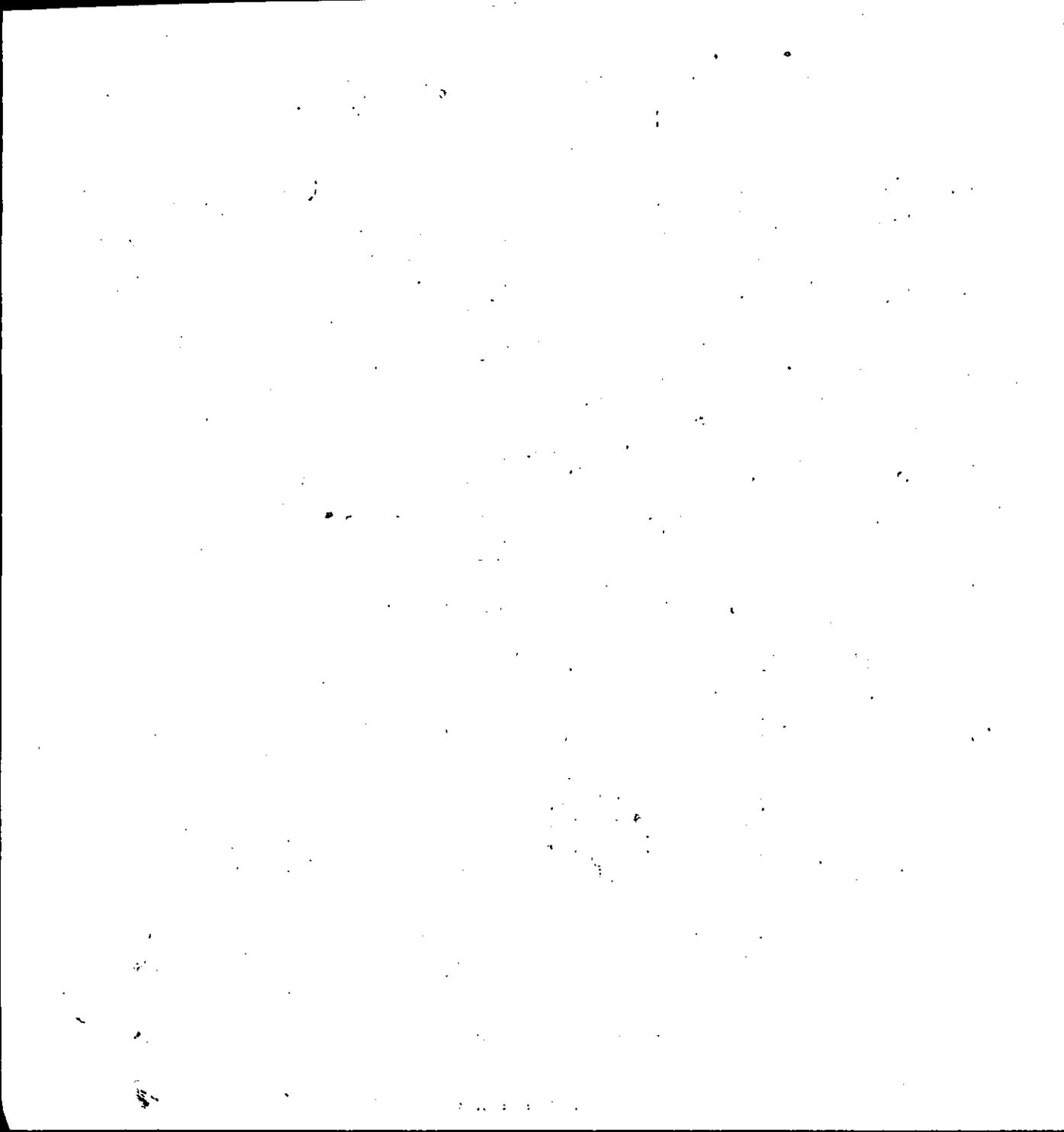
Name of operation          Date of           
 What test confirmed diagnosis?          Was there an autopsy?         

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? No  
 If so, specify           
 (Signed) J. H. Smith M. D.  
 (Address) Poplar Bluff Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.





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