

OCT 21 1936

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

Do not use this space.

37270

1. PLACE OF DEATH

County Dunklin Registration District No. 288
Township Independence Primary Registration District No. 5406
City Edward (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (use the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 17 19 36

22. I HEREBY CERTIFY, That I attended deceased from unattended by any physician, 19 36
I last saw h. _____ alive on _____, 19 36 Death is said

to have occurred on the date stated above, at 9:30 pm.
The principal cause of death and related causes of importance were as follows:

Killed in automobile accident Date of onset _____

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? accident Date of injury 10-17, 19 36

Where did injury occur? on public road
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Public highway No 84

Manner of injury skull crushed

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) J. H. Gordon Cor- _____, M. D.

(Address) Keussett Mo.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 14, 1910
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farmer
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) Mo

13. NAME C. A. Jackson

14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Mo

15. MAIDEN NAME Ethel Emmond

16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Mo

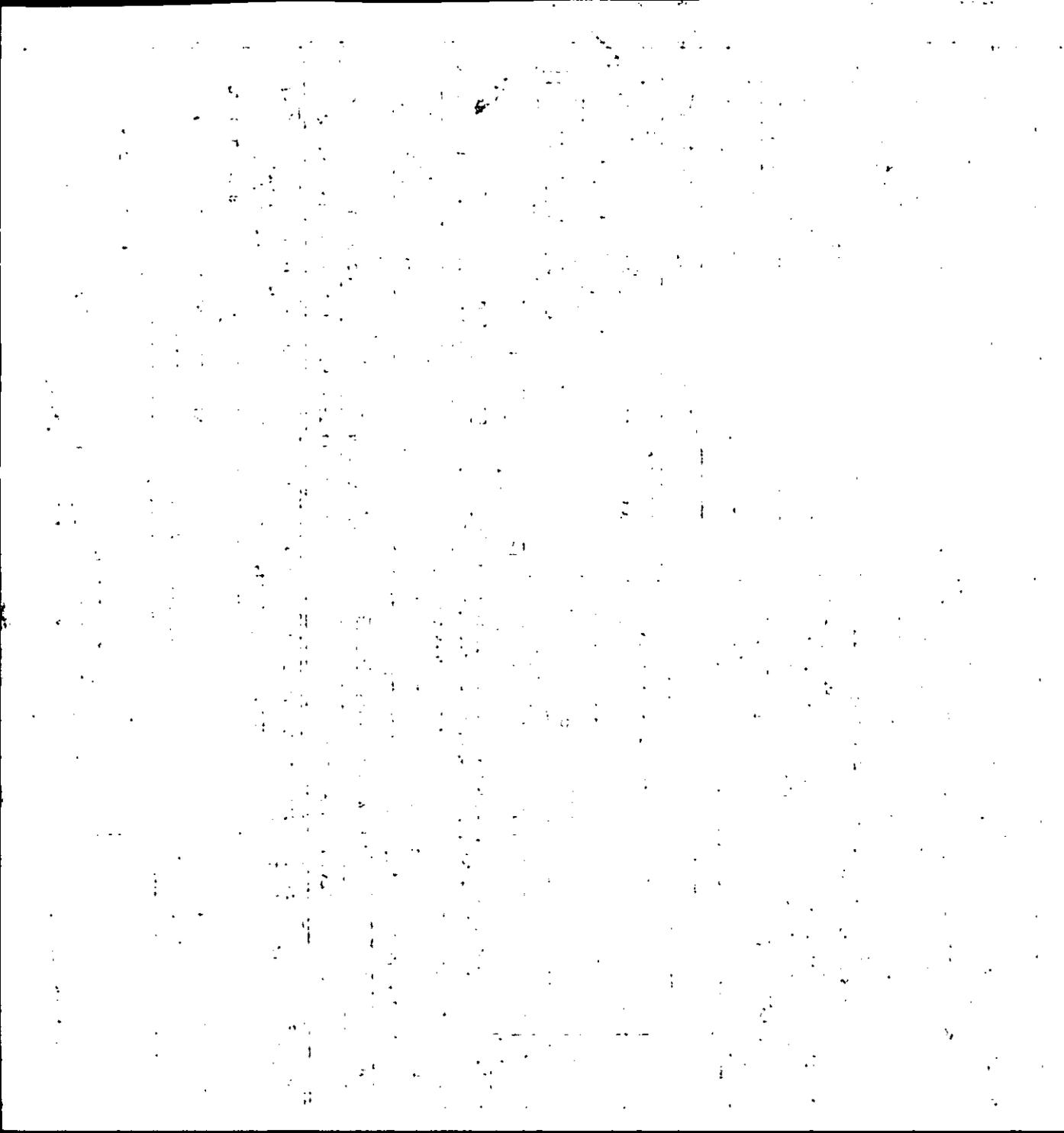
17. INFORMANT C. A. Jackson
(ADDRESS) Walcott R-1

18. BURIAL, CREMATION, OR REMOVAL

PLACE Marsh Cem DATE 10-18, 19 36

19. UNDERTAKER Leah Jones
(ADDRESS) Keussett Mo

20. FILED _____ 19 _____ Registrar.



**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Sturgeon Registration District No. 288
 Township Independence Primary Registration District No. 5406
 City (Edward) (No.) St. Ward)

2. FULL NAME

E. L. 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
26 - 4

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED Oct 26 1936 Thelma Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 17, 1936

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

I last saw him alive on, 19..... Death is said to have occurred on the date stated above, at, m.

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

Accident Date of onset

Accident
Killed in Automobile
Rising in Automobile

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? accident 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) T. J. Rigdon M. D.

(Address) Kennett Mo

SUPPLEMENT

S-37270