

DEC 18 1936

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

Do not use this space.

40691

1. PLACE OF DEATH

County Clark
Township Clay
City..... (No.....).....

Registration District No. 189
Primary Registration District No. 5245
(No. 5245)

File No.....
Registered No.....
St..... Ward.....

2. FULL NAME Eddie Slaton 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 20, 19365A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucy Carskadon22. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1936, to Nov 20, 1936I last saw him alive on Nov. 18, 1936. Death is said to have occurred on the date stated above, at 9 P. M.6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25, 1856

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 11 25Date of onset Nov. 188. 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.....

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fayette Mo.13. NAME Pryor JacksonName of operation..... Date of.....
What test confirmed diagnosis? fluid Was there an autopsy? no14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fayette Mo.15. MAIDEN NAME Martha Slaton

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bellbuckle TennesseeWhere did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.17. INFORMANT Wilbur Jackson
(ADDRESS) Canton, Mo.Manner of injury.....
Nature of injury.....18. BURIAL, CREMATION, OR REMOVAL // PLACE Bluff Springs DATE Nov. 22, 193624. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....19. UNDERTAKER Earl H. Barkley
(ADDRESS) Canton, Mo.(Signed) [Signature]
(Address) Canton, Mo.20. FILED Nov 24, 1936 [Signature]
Registrar.

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

