DEC 28 1936

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

Do not use this space.

41763

1. PLACE OF DEATH

County: Lawrence — Registration District No.: 467 — File No.:

Township: Aurora — Primary Registration District No.: 4280 — Registered No.: 79

City: Aurora (No. Ozark Hospital St. Ward)

2. FULL NAME: Robert Franklin Jackson

(a) Residence, No. R.F.D. #2 Aurora Mo. St., Ward. (If nonresident, give city or town and State)
(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): Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 18-1936

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

OCCUPATION

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): Aurora Missouri

FATHER

13. NAME: Gaylord Jackson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nixa Missouri

MOTHER

15. MAIDEN NAME: Golden June Haynes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Aurora Missouri

17. INFORMANT (ADDRESS): Bert Haynes Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Aurora Mo. DATE: Nov. 20 1936

19. UNDERTAKER (ADDRESS): King Funeral Home Aurora Mo.

20. FILED: Nov. 19 1936 R. D. Cowan M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 19 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1936 to Nov. 19, 1936

I last saw him alive on Nov. 19, 1936, Death is said to have occurred on the date stated above, at 3.30 P.M.

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

asphyxia — Date of onset 11/19/36

Other contributory causes of importance: None

Name of operation: — Date of: —

What test confirmed diagnosis? Clinical 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) R. W. Stewart, M. D.

(Address) Aurora 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

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