

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

Do not use this space.

JAN 3 1936

484861

**1. PLACE OF DEATH**

County Stoddard  
 Township Elk  
 City Charley Oak (N)

Registration District No. 11-3-3  
 Primary Registration District No. 5799A

File No. \_\_\_\_\_  
 Registered No. 16  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. Cecilia B. Jackson, St., Charley Oak, Mo., Ward 10  
 (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**

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write full word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 14th 1921

7. AGE 15 YEARS MONTHS 9 DAYS 29 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy  
 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) Charley Oak (STATE OR COUNTRY) Mo.

MOTHER 13. NAME Jess Jackson

14. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME Della Louisa

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

17. INFORMANT Stewart Baker (ADDRESS) Charley Oak

18. BURIAL, CREMATION, OR REMOVAL PLACE Big Ridge Cemetery DATE 11-13-1936

19. UNDERTAKER Stewart Baker (ADDRESS) Charley Oak

20. FILED 11-13-1936 Jas. D. Kochel Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov-11-, 1936 to Nov-12, 1936

I last saw him alive on Nov-11, 1936 Death is said to have occurred on the date stated above, at H.A., m.

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

Typhoid Fever - Date of onset 11-4-36

Other contributory causes of importance: Bronch. Pneumonia 11-11-36

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

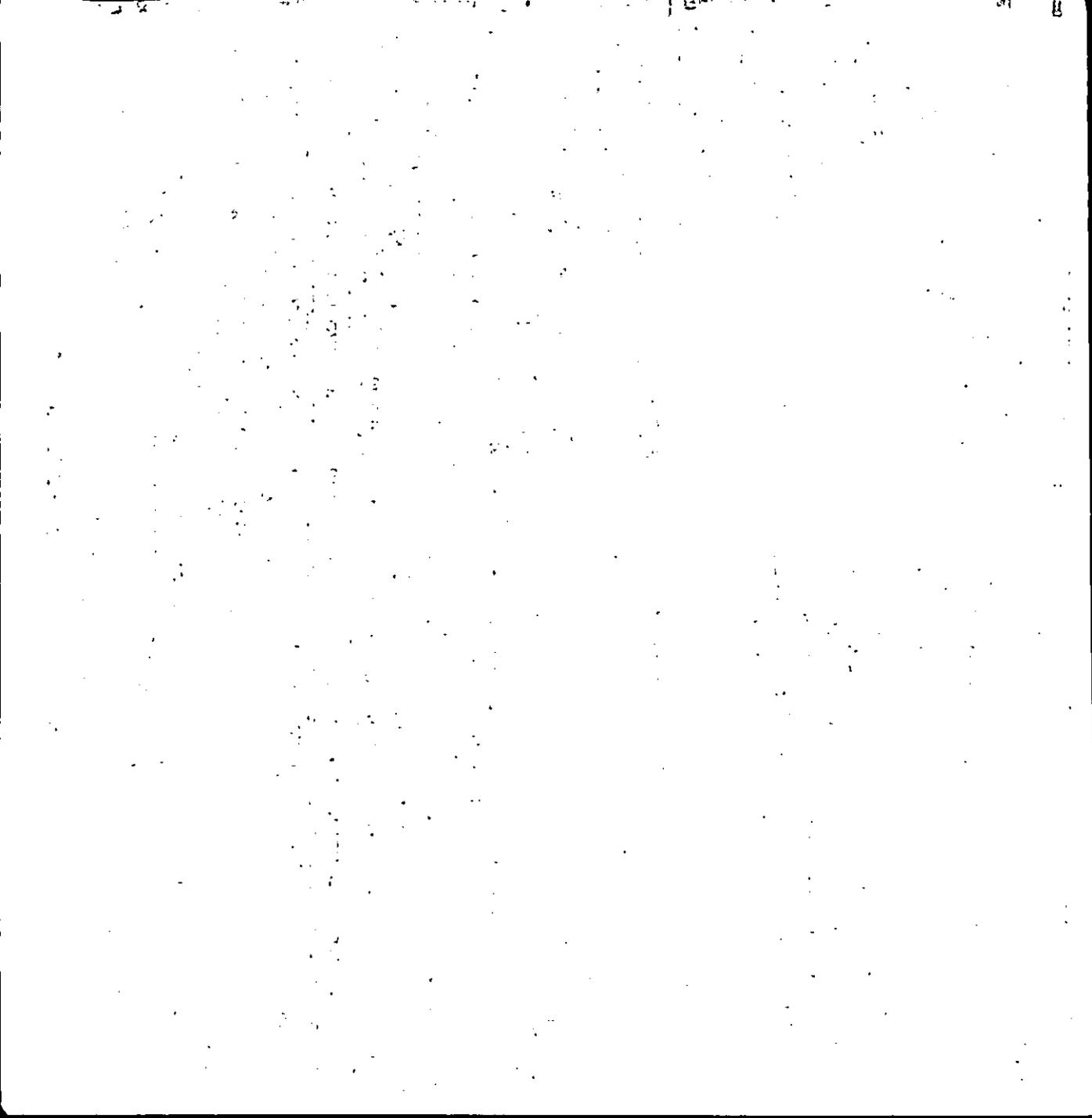
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_

(Signed) J. A. Best, M. D.  
 (Address) Carroll Mo.



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434876

PLACE OF DEATH  
County Stoddard Registration District No. 836  
Township Elk Primary Registration District No. 6100  
City (No. St. Ward)

File No. 242501  
Registered No. 2

FULL NAME Cecil B. Jackson  
(a) Residence, No. St. Ward. (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**

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

MARRIED, WIDOWED, OR DIVORCED (HUSBAND OF OR) WIFE OF

DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 14 1921

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>15</u>	<u>9</u>	<u>29</u>	

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

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

Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

PLACE (CITY OR TOWN) STATE OR COUNTRY Charter Oak Mo

NAME Jess Jackson

BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MAIDEN NAME Hella Lomis

BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canalou Mo

FORMANT (ADDRESS) Stewart Baker Charleston

IAL, CREMATION, OR REMOVAL DATE 11-13-36

BERTAKEN (ADDRESS) Stewart Baker Charleston

ED 2/25 1937 Frederice Allen Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 13 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 12 1936 to Nov 12 1936

I last saw the deceased on Nov 11 1936 Death is said to have occurred on the date stated above, at 4 A.M.

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

Typhoid fever

Date of onset
<u>11-4-36</u>

Other contributory causes of importance: Bronchopneumonia

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? If so, specify

(Signed) J. D. Best, M. D. (Address) Canalou Mo

S-43486