

JAN 19 1936

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

Do not use this space.

45059

5823

1. PLACE OF DEATH

County Jackson
Township Research
City Research (No. 002)

Registration District No. 399
Primary Registration District No. 002

File No. 5823
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence No. Liberty, Mo St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred — yrs. — mos. 2 1/2 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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) June 17 - 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
47 6 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for self
10. Date deceased last worked at this occupation (month and year) 2 mo 11. Total time (years) spent in this occupation 25-

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denver Colo.

FATHER 13. NAME A. A. Jackson

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

MOTHER 15. MAIDEN NAME Belle Woodward

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

17. INFORMANT (ADDRESS) A. A. Jackson Liberty, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Funerary Liberty, Mo DATE Jan 1 - 37

19. UNDERTAKER (ADDRESS) Charles W. Fisher Co Liberty, Mo

20. FILED 12-31-36 M. M. Cavanaugh Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1936 to Dec 30, 1936

I last saw h. er alive on Dec 30, 1936 Death is said

to have occurred on the date stated above, at 10:20 PM

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

Multiple metastasis 12/6/36
cerebral softening
due to cerebral anaemia
probably

Other contributory causes of importance: none
Name of operation _____ Date of _____
What test confirmed diagnosis Clinical Was there an autopsy? no

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) Ernest F. Robinson, M. D.
(Address) 925 Poplar St. Kansas City 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.

