

MAY 19 1936

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

Do not use this space.

48077

## 1. PLACE OF DEATH

County Cape GirardeauRegistration District No. 124Township JacksonPrimary Registration District No. 4070City Jackson

(No. ....)

St. .... Ward)

## 2. FULL NAME

(a) Residence, No. ....

(Usual place of abode)

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

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2, 1934

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, 4 hrs. or 1 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) Jackson, Mo.

MOTHER FATHER

13. NAME Silbourn Jones14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Jackson Mo.15. MAIDEN NAME Edna Mayfield16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Sedgewickville Mo.17. INFORMANT Silbourn Jones (ADDRESS) Jackson, Mo.18. BURIAL, CREMATION, OR REMOVAL Gladie Cemetery PLACE near Jackson, Mo. DATE 4-3 193619. UNDERTAKER Cravens, Allen (ADDRESS) Jackson, Mo.20. FILED 4-3 19 36 D. E. Suben Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-2, 1936

22. I HEREBY CERTIFY, That I attended deceased from

, 19....., to....., 19.....

I last saw h. .... 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:

Still birth

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?..... 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).....

(Address).....

M. D.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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