

- DEC 30 1936

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

Do not use this space.

1. PLACE OF DEATH

County Bollinger
Township Waynes
City Esperance, Mo. (No. _____)

Registration District No. 69
Primary Registration District No. 5108

File No. 49432
Registered No. _____
St. _____ Ward _____

2. FULL NAME

George Albert Jackson
(a) Residence, No. Esperance, Mo. St. _____ Ward _____
(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. (If nonresident, give city or town and State)

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 Stillborn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 27, 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. ✓

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) Esperance, Mo.

13. NAME Thomas Jefferson Jackson

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

15. MAIDEN NAME Agnes Almeda Puff

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Swinton, Mo.

17. INFORMANT (ADDRESS) Thomas Jefferson Jackson

18. BURIAL, CREMATION, OR REMOVAL PLACE Esperance Cemetery DATE Dec. 24, 1936

19. UNDERTAKER (ADDRESS) _____

20. FILED Dec. 24, 1936 Mrs. J. A. Berry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 24, 1936 to Dec. 24, 1936

I last saw h. Stillborn alive on Stillborn, 1936. Death is said to have occurred on the date stated above, at Stillborn m.

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

Stillborn at 3 A.M. 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 ✓, 1936

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) Dr. R. A. Smith, D.O., M.D.

(Address) P.O. Box #62 - Zalma, Mo.

MARGIN RESERVED FOR BINDING
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.

