

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

Do not use this space.

FEB 5 1937

162

1. PLACE OF DEATH

County Boone Registration District No. 73
 Township _____ Primary Registration District No. 3006
 City Columbia (No. Boone County Hospital) St. _____ Ward _____

2. FULL NAME

Flora Jackson
 (a) Residence, No. 408 80 3 St. St. _____ Ward _____
 (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 f. 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June - 18, 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 6 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
 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) Boone Co Mo

MOTHER 13. NAME Rice Key

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

15. MAIDEN NAME Cammie Key

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co Mo

17. INFORMANT Callie Washington

(ADDRESS) Columbia Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE 1-17-1937

19. UNDERTAKER R. Co. Freeman

(ADDRESS) Columbia Mo.

20. FILED 1/18/19 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-13 1937

22. I HEREBY CERTIFY, That I attended deceased from January 9, 1937, to January 13, 1937.
 Last saw her alive on January 13, 1937. Death is said to have occurred on the date stated above, at 3:45 P.M.

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

Cerebral Hemorrhage, limited State Date of onset 1-3-37

Other contributory causes of importance:
Hypertensive Heart Disease

Name of operation _____ of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external cause (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) Joseph T. Caples, M. D.
 (Address) Columbia, Mo.

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.

