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

FEB 5 1937

Do not use this space.

173

1. PLACE OF DEATH
County: Boone
Township: Columbia
City: Columbia (No. ..... St. ..... Ward)
Registration District No. 73
Primary Registration District No. 3006
File No.
Registered No. 33

2. FULL NAME: Benjamin Jackson
(a) Residence, No. 369 Lynn 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: Male
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: Maggie Jackson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 10-8-1869

7. AGE: Years 67 | Months 3 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Porter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Drug store
10. Date deceased last worked at this occupation (month and year): Jan. 1937
11. Total time (years) spent in this occupation: 18 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Boone County Missouri

FATHER
13. NAME: Don't Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): —

MOTHER
15. MAIDEN NAME: Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): —

17. INFORMANT (ADDRESS): Maggie Jackson Columbia Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary Cemetery DATE: 1-26- 1937

19. UNDERTAKER (ADDRESS): Stuart S. Parker Columbia Missouri

20. FILED 1/26/ 1937 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 23-37, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1937, to Jan 23, 1937
I last saw him alive on Jan 23, 1937. Death is said to have occurred on the date stated above, at 4:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Heart Disease	

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) O. A. Moore, 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.