

FEB 16 1937

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

Do not use this space.

655

1. PLACE OF DEATH

County *Lee*  
Township *Jefferson*  
City *Jefferson* (No. \_\_\_\_\_)

Registration District No. *213*  
Primary Registration District No. *3014*

File No. \_\_\_\_\_  
Registered No. *9*  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. *New Miss. Bldg.* Ward. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. *7* 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 *Female*  
4. COLOR OF RACE *White*  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 3 - 1935*  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*1 10 28*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Chief*  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *at home*  
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) *Poplar Mo*

13. NAME *Lee Jackson*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Del*

15. MAIDEN NAME *Gra Mufford*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Del*

17. INFORMANT (ADDRESS) *Lee Jackson*

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE *New City 1-3-37*

19. UNDERTAKER (ADDRESS) *Lawson - Tam*

20. FILED *1/4/37* 1937 *W. W. W. M. D.* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 1 1937*

22. I HEREBY CERTIFY That I attended deceased from *Dec 31st* to *Jan 1st*, 1937  
I last saw her alive on *Jan 1st*, 1937. Death is said to have occurred on the date stated above, at *3:30* p. m.  
The principal cause of death and related causes of importance were as follows:

*Pneumonia Bronchial*

Date of onset *12-26-36*

Other contributory causes of importance *Influenza*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? *Physical* 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) *W. W. W. M. D.* M. D.  
(Address) *Jefferson 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.

WHILE SERVING WITH OUR ARMY IN THE GREAT WAR—THIS IS A PERMANENT RECORD

